# AMMIS Provider Enrollment Web Portal User Manual

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# 1 DOCUMENT CONTROL

The latest version of this document is stored **electronically**. Any printed copy has to be considered an uncontrolled copy.

## 1.1 DOCUMENT INFORMATION PAGE

| Required Information | Definition |
|---|---|
| Document Title | Alabama Provider Enrollment Web Portal User Manual Document |
| Version: | 11.0 |
| Location: | https://pwb.alxix.slg.eds.com/alxix/Subsystem/utils/FolderList.asp?Folder=../../ProjectPlan2010/Enhancements/Provider%20Web |
| Owner: | DXC/Agency |
| Author: | DXC Team |
| Approved by: | Clay Gaddis |
| Approval Date: | 09/06/2011 |

## 1.2 AMENDMENT HISTORY

The following Amendment History log contains a record of changes made to this document:

| Date | Document Version | Author | Reason for the Change | Changes (Section, Page(s) and Text Revised) |
|---|---|---|---|---|
| 07/25/2011 | 0.1 | | Initial draft of document | |
| 08/17/2011 | 0.2 | | Revised document based on walkthrough with Agency held on 07/28/2011. | |
| 09/06/2011 | 1.0 | | Agency approved | |
| 05/29/2012 | 2.0 | | Implementaiton of Address Standardization for CO 8143. | Update Section 6.7 Provider Enrollment: Addresses Panel |
| 05/08/2013 | 3.0 | | Application of CO 10719<br>Application of CO 10782<br>Application of CO 10924 | Section 6.11.1 Provider Enrollment: Agreement Page Narrative and and 6.11.2 Provider Enrollment: Agreement Page Layout<br>Section 6.5.2 Provider Enrollment: Specialities Page Layout updated.<br>Section 6.9.2 Provider Enrollment: Other Information Panel layout and 6.93 Field descriptions updated. |
| 10/24/2014 | 4.0 | | Application of CO 10300 | Update Provider Enrollment: Welcome Page, Request Information – Individual Within a Group, |


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| Date | Document Version | Author | Reason for the Change | Changes (Section, Page(s) and Text Revised) |
|---|---|---|---|---|
| | | | | Provider Identification, Provider Agreement Page, Provider Addresses, Bank Information, Enrollment Credentials, Resume Enrollment, Enrollment Status |
| 07/21/2015 | 5.0 | | Application of ACA III production change orders | CO 12211 – Updates to the following Existing Panels.<br>Home Page, Provider Enrollment – Welcome Page, Provider Enrollment – Request Information, Provider Enrollment – Specialities, Provider Enrollment –Provider Identification, Provider Enrollment –Addresses, Provider Enrollment –Other Information, Provider Enrollment –Agreement page, Provider Enrollment – Summary Page.<br>Deleted Provider Enrollmlent – Banking Information page<br>CO 12211 – Addition of New EFT Panels.<br>CO 12211 – Addition of New ERA panels. |
| 04/27/2016 | 6.0 | | Application of Production CO 12851 | |
| 10/13/2017 | 7.0 | | Application of CO 14266 | Updated screen layouts for the Provider Enrollment: Welcome, Request Information, Provider Identification, Addresses panels. |
| 12/20/2017 | 8.0 | | Application of CO 14192 | Modify references to HP/HPE to DXC: |
| 04/01/2018 | 9.0 | | Applicaiton of CO 14873 | Redact PHI/PII as well as non-public test data. Updated screen layouts for:<br>6.11.2 - Provider Enrollment: Agreement Page Layout<br>6.12.2 - Provider Enrollment: Summary Page Layout<br>6.13.2 - Provider Enrollment: Enrollment Credentials Layout<br>6.18.2 - Provider EFT Enrollment: Agreement Page Layout |


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| Date | Document Version | Author | Reason for the Change | Changes (Section, Page(s) and Text Revised) |
|---|---|---|---|---|
| | | | | 6.19.2 - Provider EFT Enrollment: Summary Page Layout<br>6.21.2 - Provider EFT Enrollment: Cover Page Layout<br>6.24.2 - Provider ERA Enrollment: Agreement Page Layout<br>6.25.2 - Provider ERA Enrollment: Summary Page Layout |
| 11/15/2018 | 10.0 | | Application of CO 14968 | 6.17.2 Provider EFT Enrollment Page Layout- update field edit error messages |
| 11/28/2018 | 11.0 | | Application of CO 15099 | 6.5.4 Provider Enrollment Specialties- edit field edit error messages |

## 1.3 RELATED DOCUMENTATION

| Document | Description | url |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |


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# 2 INTRODUCTION

## 2.1 ALABAMA MEDICAID PROVIDER ENROLLMENT WEB PORTAL OVERVIEW

The Alabama Medicaid Provider Enrollment Web Portal allows new providers to enroll with Alabama Medicaid and allows existing providers to update address and phone number information. This user manual is designed to cover the information necessary to perform the tasks associated with the Alabama Medicaid Provider Enrollment Web Portal.

This manual covers the following:

- Alabama Medicaid Provider Enrollment Web Portal Overview
- Alabama Medicaid Provider Enrollment Web System Navigation
- System Wide Common Terminology and Layouts
- Alabama Medicaid Provider Enrollment Web Pages
- Help

## 2.2 ALABAMA MEDICAID PROVIDER ENROLLMENT WEB PORTAL USER MANUAL OBJECTIVE

The purpose of the Alabama Medicaid Provider Enrollment Web Portal User Manual is to provide Alabama Medicaid providers with detailed descriptions of the online system, including page field descriptions, page functionality descriptions and graphical representations of pages.


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# 3 ALABAMA MEDICAID PROVIDER ENROLLMENT WEB PORTAL OVERVIEW

## 3.1 INTRODUCTION TO THE ALABAMA MEDICAID PROVIDER ENROLLMENT WEB PORTAL

The Alabama Medicaid Provider Enrollment Web Portal allows providers to enroll with Medicaid as a new provider, check status of a submitted application, make corrections as determined by Provider Enrollment staff on submitted applications, and change address and phone number information on existing providers.

The Web Portal has been developed by Hewlett-Packard Enterprise Systems (HPES) for Alabama Medicaid and is offered at no cost to their providers. This site is available 24-hours a day, seven days a week, excluding time for scheduled maintenance.

## 3.2 AUDIENCE

The information described in this document is designed for new providers requesting enrollment in the program and by providers already enrolled with Alabama Medicaid.

## 3.3 PURPOSE

This document equips the provider with the necessary steps to access the Web Portal, navigate the Web Portal, enroll with Alabama Medicaid, and successfully update information. The provider will be required to send in paper documentation for applicable information.

## 3.4 SUPPORTING DOCUMENTATION

Provider should refer to Alabama Medicaid Provider Billing Manual, Chapter 2, Becoming a Medicaid provider for information on becoming a provider with Alabama Medicaid.


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# 4 ALABAMA MEDICAID PROVIDER WEB PORTAL NAVIGATION

## 4.1 WEB BROWSER SETUP

Workstations must be minimally equipped with Internet Explorer version 7.0.

Please refer to the websites for Internet Explorer (*www.microsoft.com*) for additional information on downloading the versions available.

The AOL browser does not work well with this Web application.

## 4.2 NAVIGATION BUTTONS

**Do not select the previous/back or following/forward website navigation buttons in the toolbar if the website navigation button offers a selection for "next" or "previous" screen.** If you use the navigation or windows buttons instead of those provided by the application, you may risk losing work in progress.

## 4.3 PERSONAL COMPUTER RECOMMENDATIONS

The website is designed to operate on a personal computer with the following configurations:

## 4.4 SCREEN DISPLAY FEATURES

The Alabama Medicaid Provider Enrollment Web Portal is designed to display within Web browser pages that fit on a computer (PC) desktop with a screen resolution of 1024 x 768 pixels. However, in order to fit large system objects such as panels and pages into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.


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## 4.5 WEB ADDRESS

The address to access the Interactive Services website is:

https://www.medicaid.alabamaservices.org/ALPortal

## 4.6 USER IDS AND PASSWORDS

A user ID or password is not required to access and submit a Provider Enrollment application, however, when selecting the “finish later” function a tracking number, tax ID and password will be required. To check the status of a submitted enrollment application, a tracking number and tax ID will be required. The password must be 8 to 20 characters in length, not the same as the user ID and contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. **Be aware that passwords cannot be reset.**

## 4.7 RESETTING PASSWORDS

Passwords cannot be reset. When an application is submitted or the “finish later” function is selected, a password is created by the user. If the password is not available when returning to the web portal to complete an application, the password cannot be reset. HP Provider Enrollment does not have access to the password nor can they reset the password.

## 4.8 CONNECTION TIMEOUT

The Provider should be aware that after twenty (20) minutes without activity, the Provider Enrollment web portal will timeout and data entered may be lost.


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# 5 SYSTEM WIDE COMMON TERMINOLOGY AND LAYOUTS

The following section identifies common system terminology and features, and associated screens capture or design layout where applicable. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the novice user to view and understand prior to navigating the system. These terms are used by technical team members, training specialists, and help desk staff when discussing or, more importantly, documenting aspects of the system.

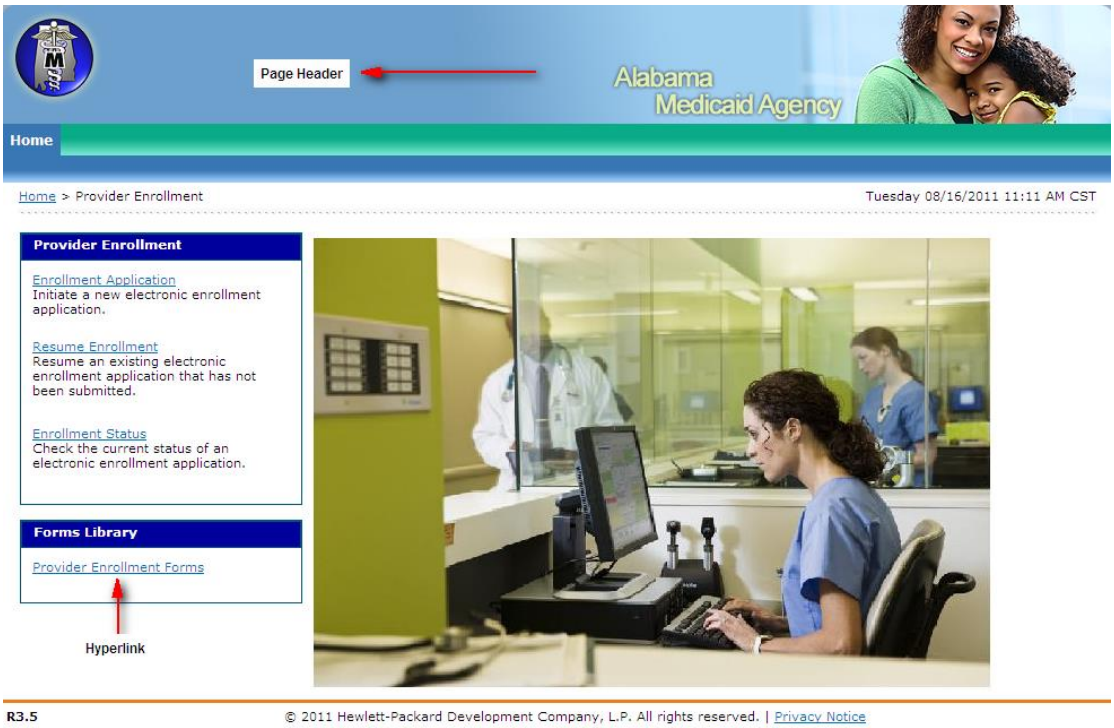
Below is a partial list of common terms described within this document:

- Hyperlink
- Page
- Page Header

## 5.1 PAGE LAYOUT

A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed, table of contents, and any associated hyperlinks.

The table of contents contains a vertical list of pages. The pages are accessed after required information is entered on a page and the continue button is selected





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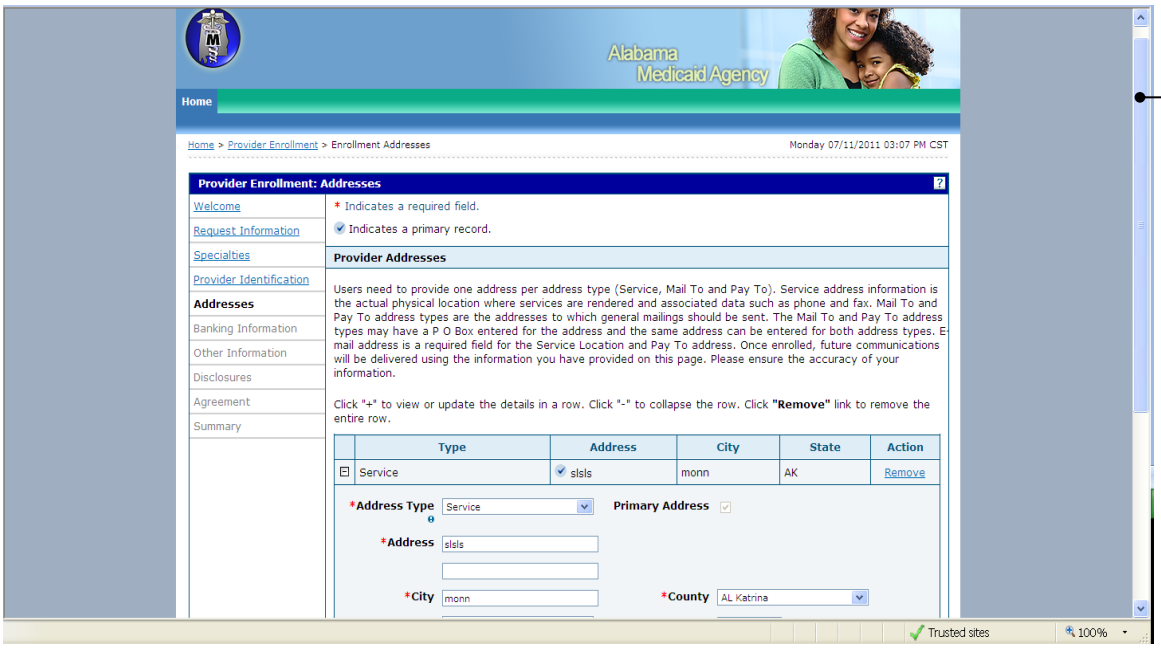
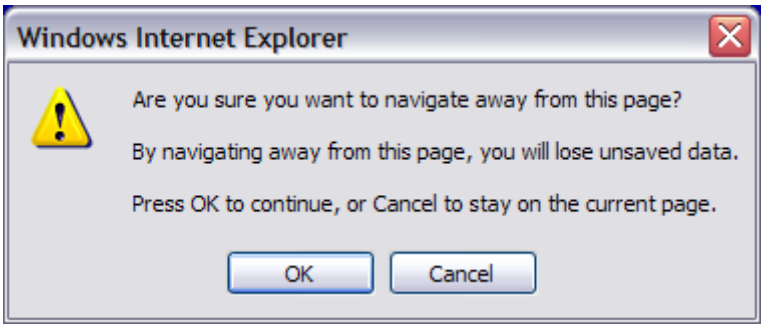
In general, when navigating a page, the vertical scroll bar is the only scroll bar needed to view extended pages.




If a user attempts to add, update, or delete information within the page, then tries to navigate away from the page without saving or cancelling the changes, the system prompts the user with a pop-up window message. When the system generates the message and OK button is selected, any information entered on the page will be lost. If the cancel button is selected the user will be returned to the page to continue processing the application.





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## 5.2 FUNCTIONS

Listed below are icons that can be found on one or more pages.

| Name | Icon | Action |
|---|---|---|
| Add Button | | Inserts a new data record. |
| Cancel Button | | Cancels all changes applied to all panels on the page. |
| Check Box | | Select as applicable. |
| Continue Button | | Allows user to navigate to the next page. |
| Print | | Prints document. |
| Radio Button | | Select appropriate value. |
| Reset Button | | Resets page to original content. |
| Save Button | | Saves all changes to all panels on the page. |
| Collapse | | Click to collapse a row of data. |
| View or Update | | Click to view or update a row of data. |
| Help | | Select to display the help text for the page. |


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# 6 ALABAMA MEDICAID PROVIDER ENROLLMENT WEB PORTAL

## 6.1 HOME PAGE

### 6.1.1 Home Page Narrative

The Home page opens when you access the Alabama Medicaid Provider Enrollment Web Portal. From the home page, users can access the following Sub Menu options:

- Enrollment Applications
- EFT Enrollment Application
- ERA Enrollment Application
- Resume Enrollment
- Enrollment Status
- Provider Enrollment Forms

Provider applicants must meet all program requirements and qualifications for which they are seeking enrollment before they can be enrolled as a Medicaid provider. Specific qualifications for each provider type are listed in the Alabama Medicaid Participation Requirements chart. Please review to ensure you meet the minimum enrollment requirements to participate in the Alabama Medicaid program.

To complete an application you will need to know or be able to obtain about the provider applicant all or some of the following information, depending on the type of enrollment you are completing:

- National Provider Identifier (NPI)
- Basic Business Office Data (i.e., address, phone, fax, email address, etc.)
- Specific Office Data (i.e., CLIA Certification, Name and SSN of employees/personnel, etc.)
- Specific Provider Data (i.e., CLIA Certification, SSN, Licensure Information, etc.)
- IRS Tax Identification Data
- Banking Information
- Group Identification Data (i.e., Name, NPI, Medicaid ID, Name and SSN of owners with 5% or more interest, etc.)

As pages of the application are completed, additional information may be required and some documentation may need to be submitted to validate entries. The application can be saved and resumed as needed; however, once a page is accessed, the page must be completed before the application can be saved.

When all steps of the application have been completed, please "submit" and "confirm" the application for further processing by HPES Provider Enrollment Staff.


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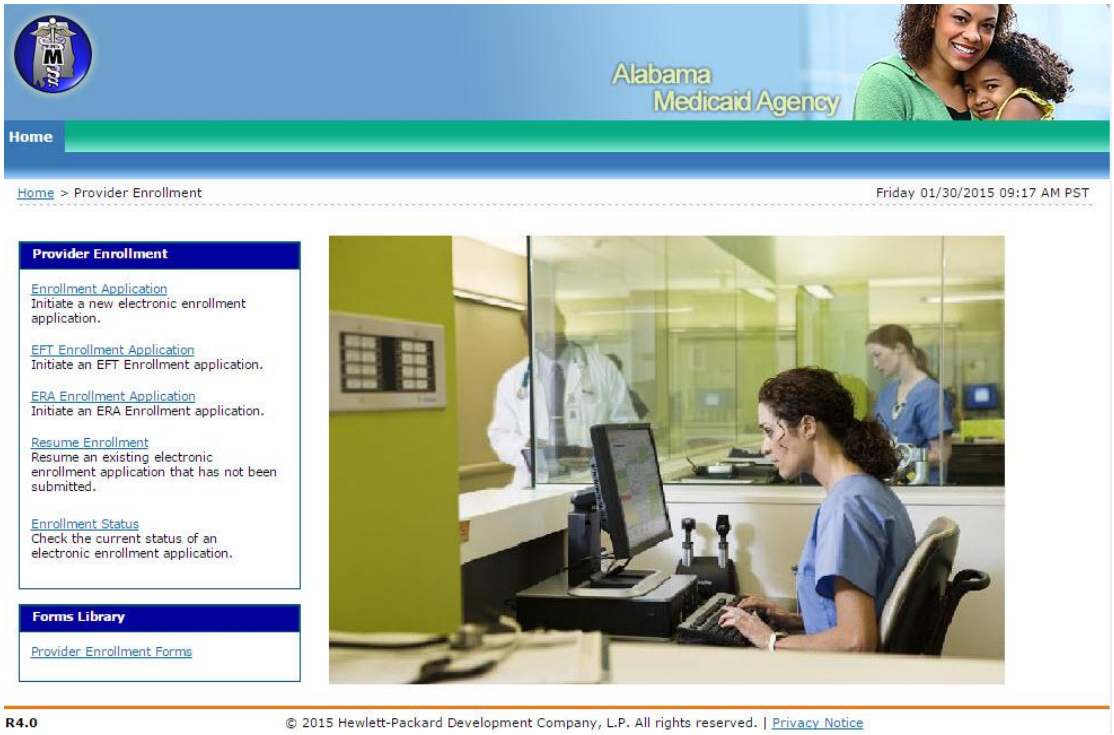
### 6.1.2 Home Page Panel Layout




### 6.1.3 Home Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| EFT Enrollment Application | Hyperlinks that allows the user to initiate EFT Enrollment Application. | Hyperlink | N/A | 0 |
| ERA Enrollment Application | Hyperlinks that allows the user to initiate ERA Enrollment Application. | Hyperlink | N/A | 0 |
| Enrollment Application | Hyperlink that allows the user to Initiate a new electronic enrollment application. | Hyperlink | N/A | 0 |
| Enrollment Status | Hyperlink that allows the user to Check the current status of an electronic enrollment application. | Hyperlink | N/A | 0 |
| Provider Enrollment Forms | Hyperlink that allows the user to access the Alabama Medicaid website's Provider Enrollment Forms page. | Hyperlink | N/A | 0 |
| Resume Enrollment | Hyperlink that allows the user to resume processing an existing electronic enrollment application that has not been submitted. | Hyperlink | N/A | 0 |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### 6.1.4 My Home Panel Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| No field edits found for this panel. | | |

### 6.1.5 My Home Panel Extra Features

| Field | Field Type |
|---|---|
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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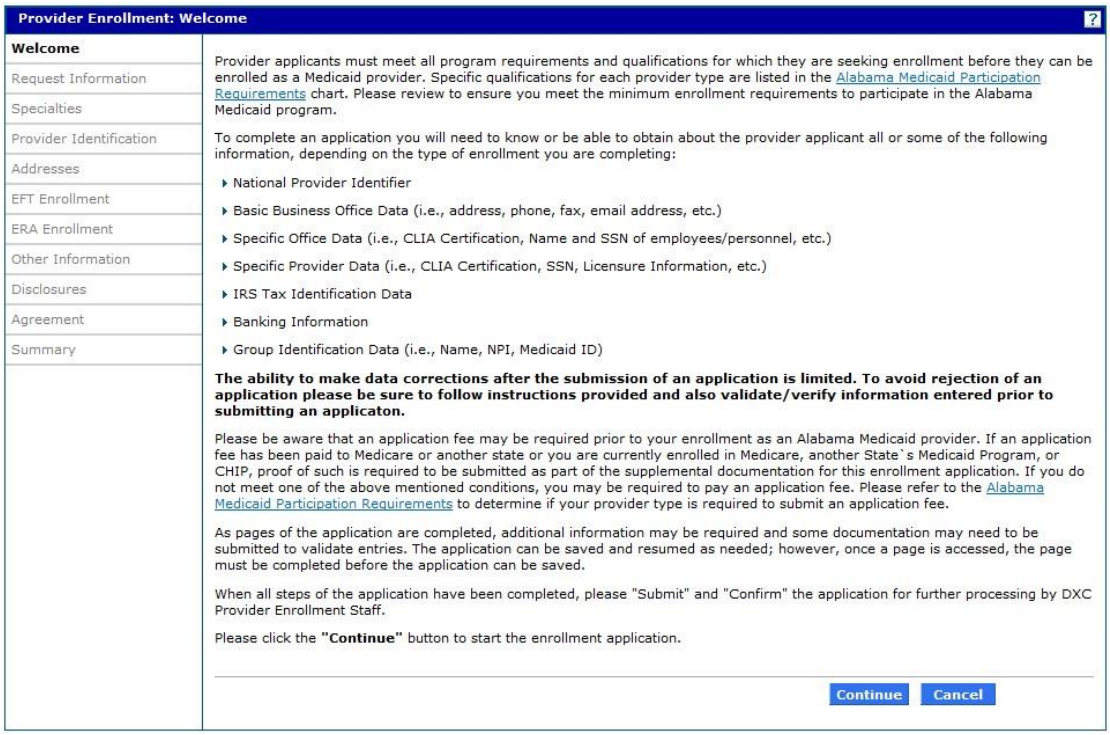
## 6.2 PROVIDER ENROLLMENT: WELCOME

### 6.2.1 Provider Enrollment: Welcome Page Narrative

Provider Enrollment allows providers and authorized delegates to enter all pertinent enrollment information via a wizard. The enrollment wizard captures key provider data such as contact information, provider type, specialties, and demographics such as names, identifiers, and locations.

The Provider Enrollment wizard allows the provider to navigate through each page of enrollment, from the contact information in the first page, to the final print and bar coded cover sheet on the last page. The provider can create a print file for future reference and bar coded cover sheet for submissions of supplemental documentation. A tracking number is also provided so that providers can check the status of their enrollment request.

### 6.2.2 Provider Enrollment: Welcome Page Layout




### 6.2.3 Provider Enrollment: Welcome Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Alabama Medicaid Participation Requirements | Hyperlink that allows the user to view the specific qualifications for each provider type. | Hyperlink | N/A | 0 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Continue | Button that allows the user to begin the enrollment process. | Button | N/A | 0 |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### 6.2.4 Provider Enrollment: Welcome Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| No field edits found for this panel. | | |

### 6.2.5 Provider Enrollment: Welcome Page Extra Features

| Field | Field Type |
|---|---|
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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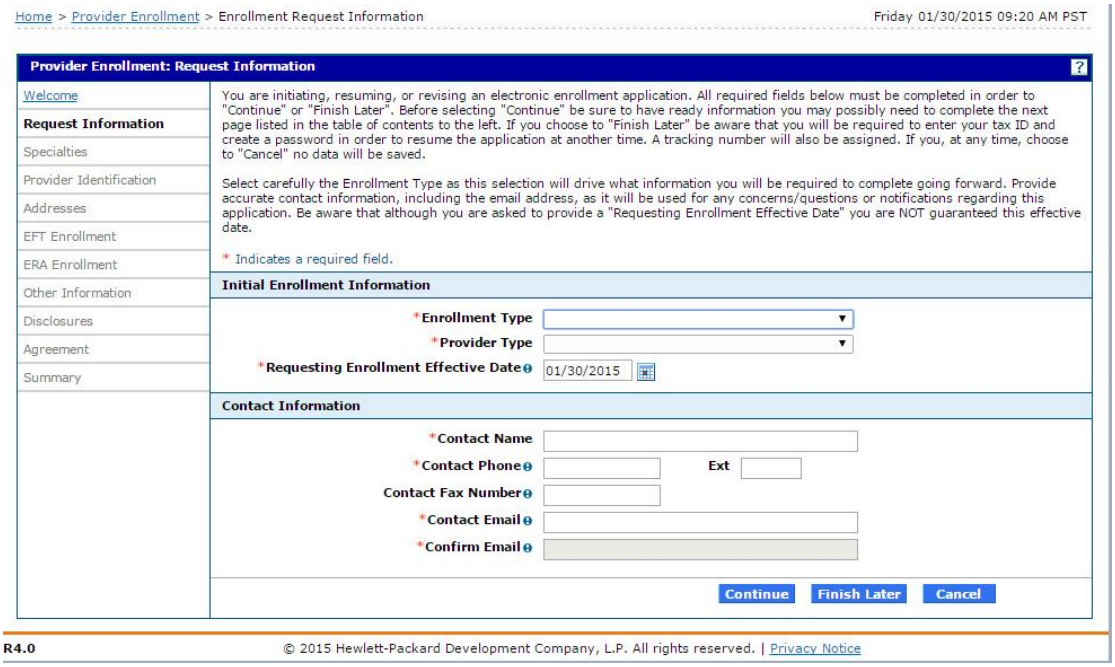
## 6.3 PROVIDER ENROLLMENT: REQUEST INFORMATION

### 6.3.1 Provider Enrollment: Request Information Page Narrative

The Provider Enrollment: Request Information page provides the initial enrollment and contact information to begin the provider enrollment process. The provider can initiate, resume, or revise an electronic enrollment application. All required fields below must be completed in order to "continue" or "finish later". Before selecting "continue", the provider should be sure to have ready information needed to complete the next page listed in the table of contents to the left. If the user chooses to "finish later" be aware that he or she will be required to enter a tax ID and create a password in order to resume the application at another time. A tracking number will also be assigned. If the provider, at any time, chooses to "cancel" no data will be saved.

Select carefully the Enrollment Type as this selection will drive what information will be required to complete going forward. Provide accurate contact information, including the email address, as it will be used for any concerns/questions or notifications regarding this application. Be aware that although the provider is asked to provide a "Requesting Enrollment Effective Date" the provider is NOT guaranteed this effective date.

### 6.3.2 Provider Enrollment: Request Information Page Layout




### 6.3.3 Provider Enrollment: Request Information Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Confirm Email | Allows the user to confirm that the Email of the contact is correct. | Field | Character | 40 |
| Contact Email | Allows the user to enter the Email of the contact. | Field | Character | 40 |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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Contact Fax Number | Allows the user to enter fax number of the contact. | Field | Number (Integer) | 10 |
| Contact Name | Allows the user to enter the name of the contact. | Field | Character | 40 |
| Contact Phone | Allows the user to enter the telephone number of the contact. | Field | Number (Integer) | 10 |
| Contact Phone Ext | Allows the user to enter the telephone number extension of the contact. | Field | Number (Integer) | 4 |
| Continue | Button that allows the user to navigate to the next page of the enrollment process. | Button | N/A | 0 |
| Enrollment Type | Allows the user to select the type of enrollment (facility, a group, individual or individual within a group). | Combo Box | Drop down List Box | 0 |
| Finish Later | Allows the user to save the enrollment application and finish it at a later date. | Button | N/A | 0 |
| Provider Type | Allows the user to select a provider type from a drop down list. | Combo Box | Drop down List Box | 0 |
| Requesting Enrollment Effective Date | Allows the user to request an effective date of enrollment. Be aware that although the provider is asked to provide a "Requesting Enrollment Effective Date" the provider is NOT guaranteed this effective date. | Field | Date | 8 |

### 6.3.4 Provider Enrollment: Request Information Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Confirm Email | Confirm Email is a required field. | Enter a valid confirm email address. |
| | The email address is invalid. Enter email with 'name@domain' format. | Enter valid email format. |
| Contact Email | Contact Email is a required field. | Enter a valid email address. |
| | The email address is invalid. Enter email with 'name@domain' format. | Enter a valid email format. |
| Contact Email and Confirm Email | Contact Email and Confirm Email fields do not match. | The same email address must be entered in both Contact Email and Confirm Email. |
| Contact Name | Contact Name is a required field. | Enter a valid contact name. |


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| Field | Error Message | To Correct |
|---|---|---|
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters in the field. |
| Contact Phone | Contact Phone is a required field. | Enter a valid contact telephone number. |
| Enrollment Type | Enrollment Type is a required field. | Enter a valid enrollment type. |
| Provider Type | Provider Type is a required field. | Enter a valid provider type. |
| Requesting Enrollment Effective Date | Requesting Enrollment Effective Date is a required field. | Enter a valid date. |

### 6.3.5 Provider Enrollment: Request Information Page Extra Features

| Field | Field Type |
|---|---|
| A selectable calendar function is used in the Requesting Enrollment Effective Date field. | |


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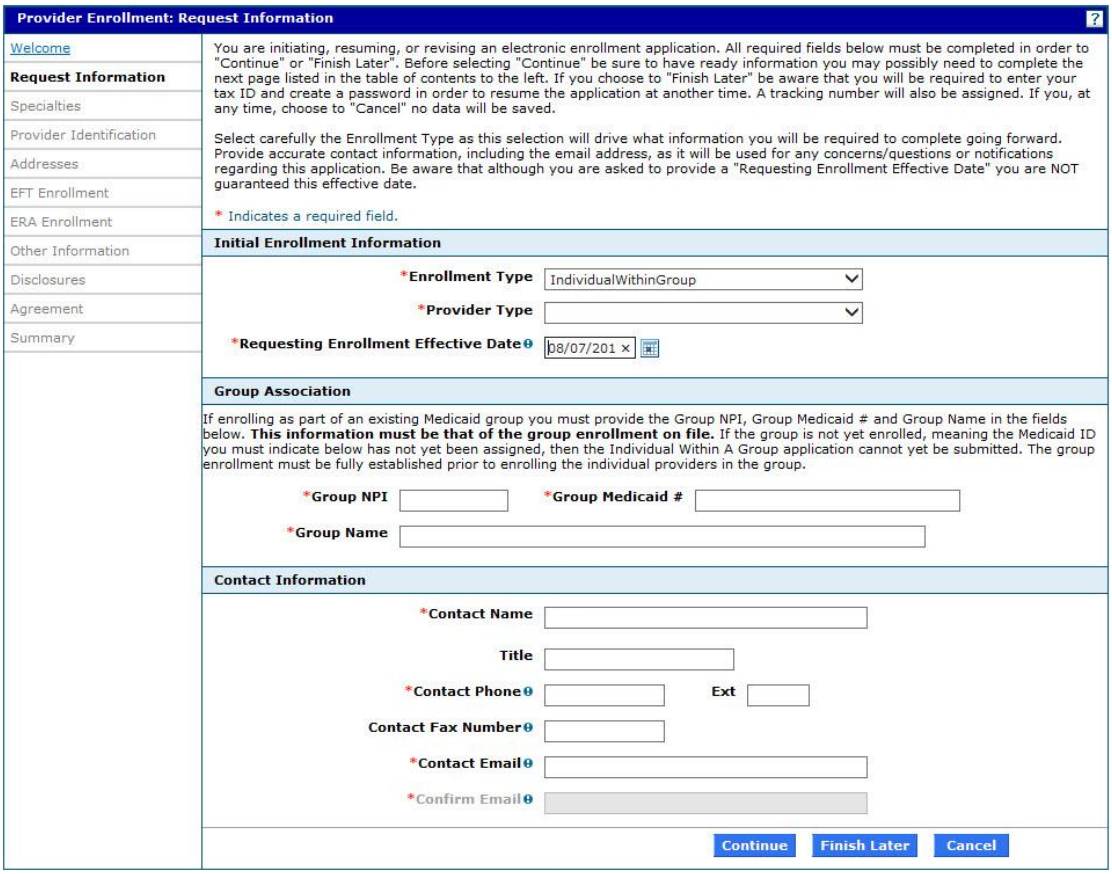
## 6.4 PROVIDER ENROLLMENT: REQUEST INFORMATION

### 6.4.1 Provider Enrollment: Request Information – Individual Within Group Selection Page Narrative

The Provider Enrollment: Request Information page allows the provider to enter initial enrollment information, such as the type of enrollment (for a facility, a group, individual, individual within a group or OPR (Ordering, Prescribing or Referring)), the provider type and enrollment date. However, if Individual Within Group is selected, additional information will be needed.

### 6.4.2 Provider Enrollment: Request Information – Individual Within Group Selection Page Layout




### 6.4.3 Provider Enrollment: Request Information – Individual Within Group Selection Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Group Medicaid # | Allows the user to enter the group's Medicaid number. | Field | Character | 30 |
| Group Name | Allows the user to enter the group's name. | Field | Character | 40 |
| Group NPI | Allows the user to enter the group's NPI. | Field | Number (Integer) | 10 |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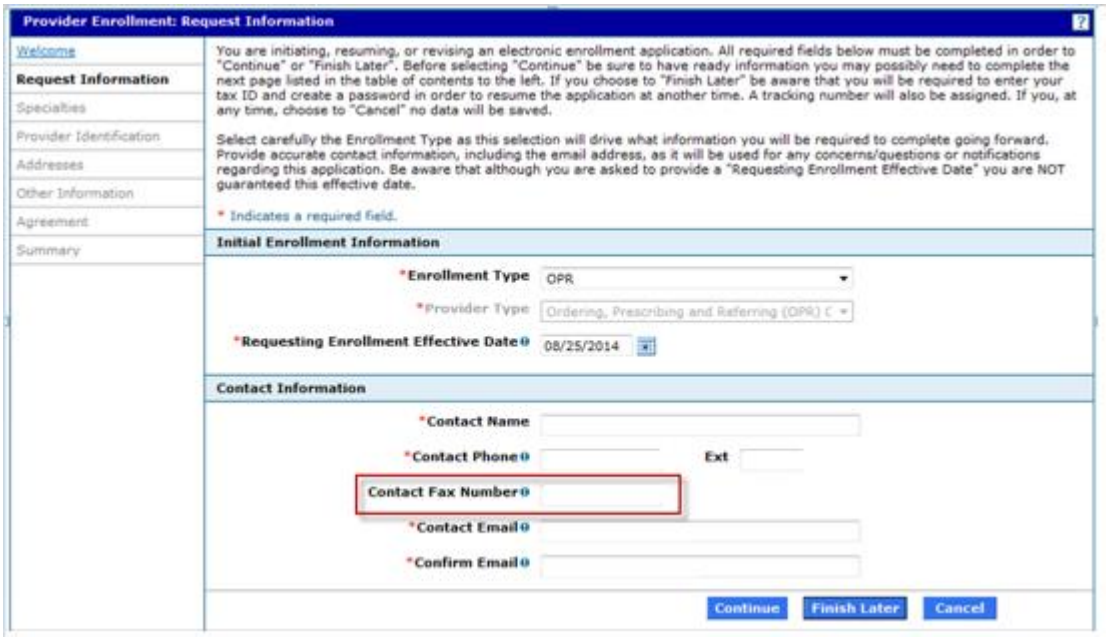
### 6.4.4 Provider Enrollment: Request Information – Individual Within Group Selection Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Group Medicaid # | Group Medicaid # is a required field. | Enter a valid Group Medicaid #. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Group Name | Group Name is a required field. | Enter a valid group name. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Group NPI | Group NPI is a required field. | Enter a valid Group NPI. |

### 6.4.5 Provider Enrollment: Request Information – Individual Within Group Selection Page Extra Features

| Field | Field Type |
|---|---|
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |

### 6.4.6 Provider Enrollment: Request Information – OPR Selection Page Layout




### 6.4.7 Provider Enrollment: Request Information – OPR Selection Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Contact Fax | Allows the user to enter the Fax Number. | Field | Character | 10 |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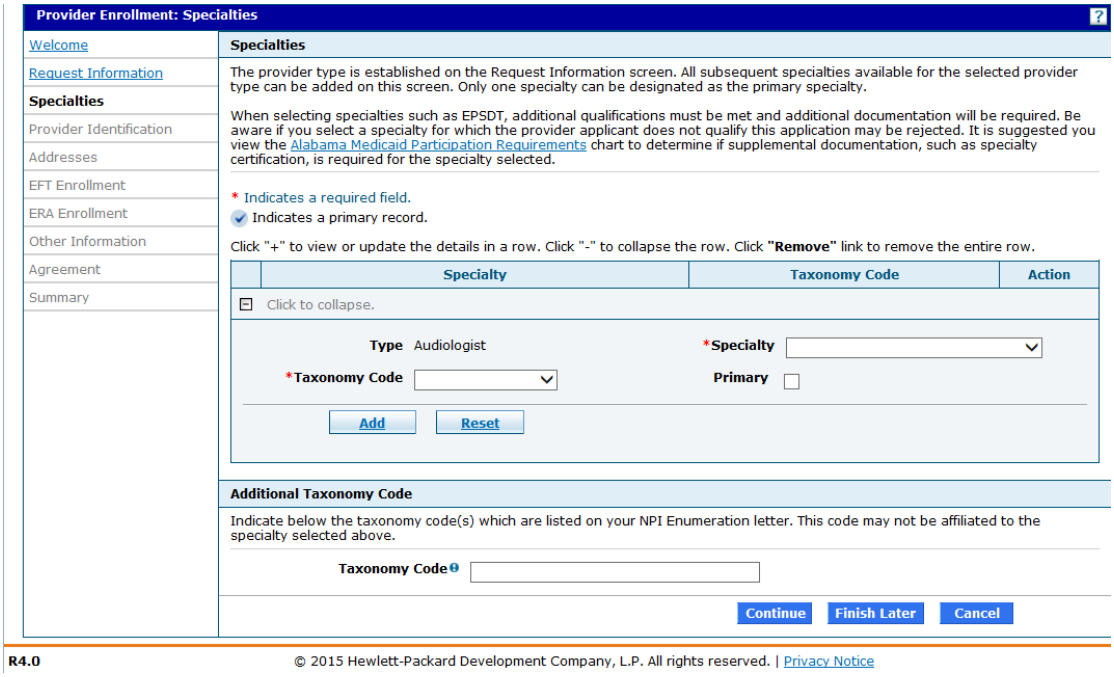
# 6.5 PROVIDER ENROLLMENT: SPECIALTIES

## 6.5.1 Provider Enrollment: Specialties Page Narrative

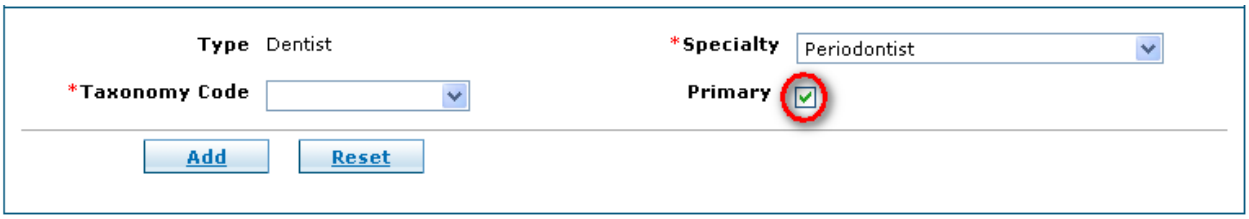
The Provider Enrollment: Specialties page allows the provider to add, view, and maintain specialty information for the provider type established in the initial enrollment.

## 6.5.2 Provider Enrollment: Specialties Page Layout

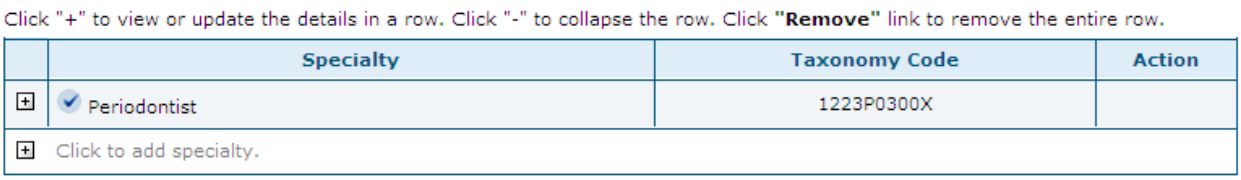
**Before Primary Specialty is Selected (Box Unselected)**




**After Primary Specialty is Selected (Box Selected)**




**After Primary Specialty is Selected and Added**




**If a Change Occurs to Specialty**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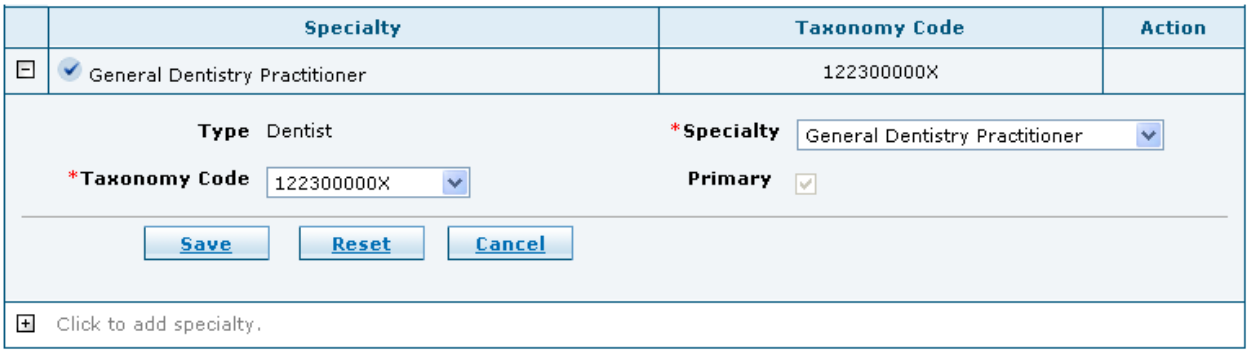


### 6.5.3 Provider Enrollment: Specialties Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Add | Allows the user to add a new information segment. | Button | N/A | 0 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Continue | Button that allows the user to navigate to the next page of the enrollment process. | Button | N/A | 0 |
| Finish Later | Allows the user to save the enrollment application and finish it at a later date. | Button | N/A | 0 |
| Primary | Allows the user to select which specialty is the primary by checking the box. One primary specialty must be selected by clicking the Primary check box. Specialty choices are dependent upon the provider type chosen on the Request Information page. | Check Box | N/A | 0 |
| Reset | Allows the user to reset the page to initial appearance. | Button | N/A | 0 |
| Save | Allows the user to save any changes to the application. | Button | N/A | 0 |
| Specialty | Allows the user to select a specialty. Valid values are subject to the provider type of the provider. | Combo Box | Drop down List Box | 0 |
| Taxonomy Code | Allows the user to select their taxonomy code. | Combo Box | Drop down List Box | 0 |
| Taxonomy Code (Additional) | Allows the user to enter any additional taxonomy codes. | Field | Character | 35 |
| Type | Displays the provider type. | Display | N/A | 0 |


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### 6.5.4 Provider Enrollment: Specialties Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Primary | One primary specialty is required. | Check box to indicate specialty is primary. |
| Taxonomy Code | Taxonomy Code is a required field. | Enter a valid taxonomy code. |
| Specialty | Specialty is a required field. | Enter a valid specialty. |
| | Specialty Psychiatrist is required if specialty Behavioral Analyst is chosen. | Add Psychiatrist specialty. |

### 6.5.5 Provider Enrollment: Specialties Page Extra Features

| Field | Field Type |
|---|---|
| None | |


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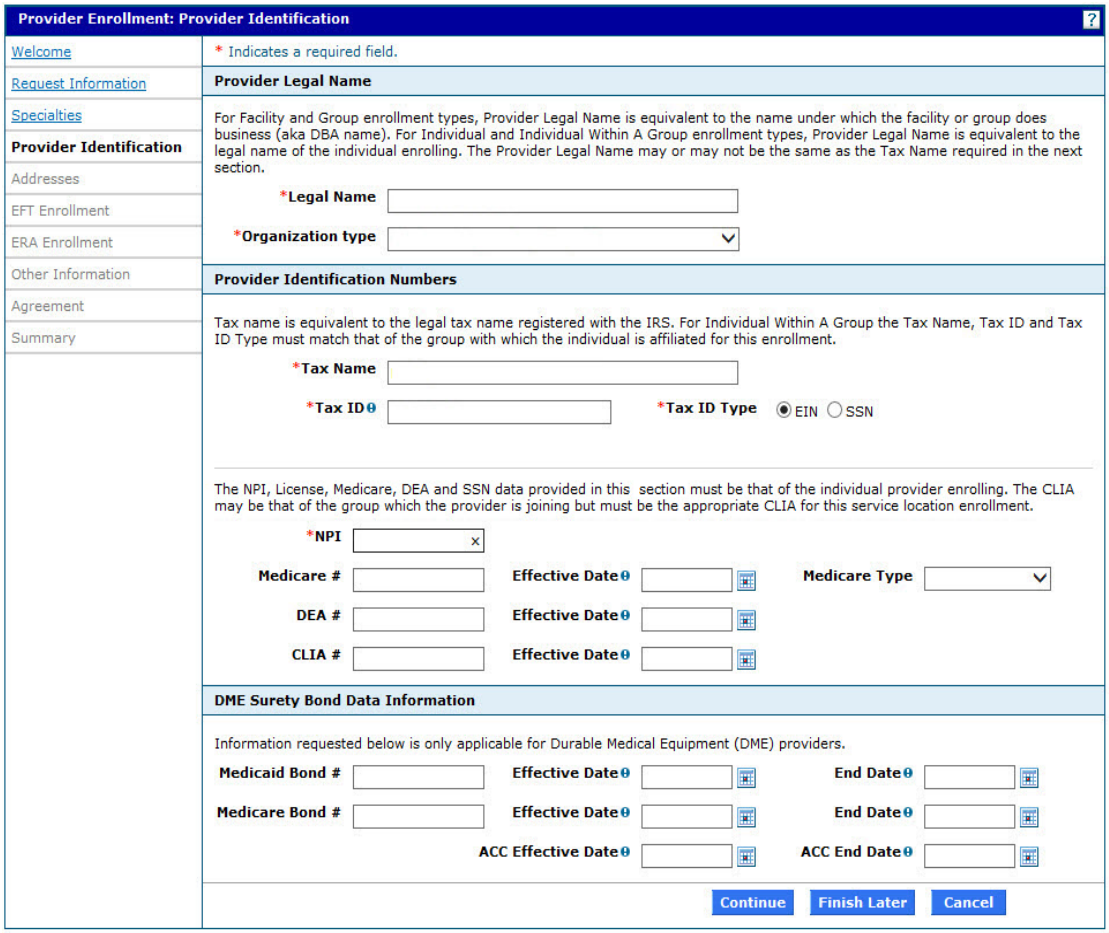
# 6.6 PROVIDER ENROLLMENT: PROVIDER IDENTIFICATION

## 6.6.1 Provider Enrollment: Provider Identification Page Narrative

The Provider Enrollment – Provider Identification page allows the provider to enter information, such as your legal name, individual, group practice or facility name and any identification numbers, such as NPI, tax ID, DEA, CLIA, and so on. For Facility and Group enrollment types, Provider Legal Name is equivalent to the name under which the facility or group does business (aka DBA name). Facility enrollment types have an additional section called DME Surety Bond Data Information that needs to be processed. For Individual and Individual Within A Group enrollment types, Provider Legal Name is equivalent to the legal name of the individual enrolling. The Provider Legal Name may or may not be the same as the Tax Name required in the next section.

## 6.6.2 Provider Enrollment: Provider Identification Page Layout

**Provider Enrollment: Provider Identification Page Layout – Facility**




**Provider Enrollment: Provider Identification Page Layout – Group**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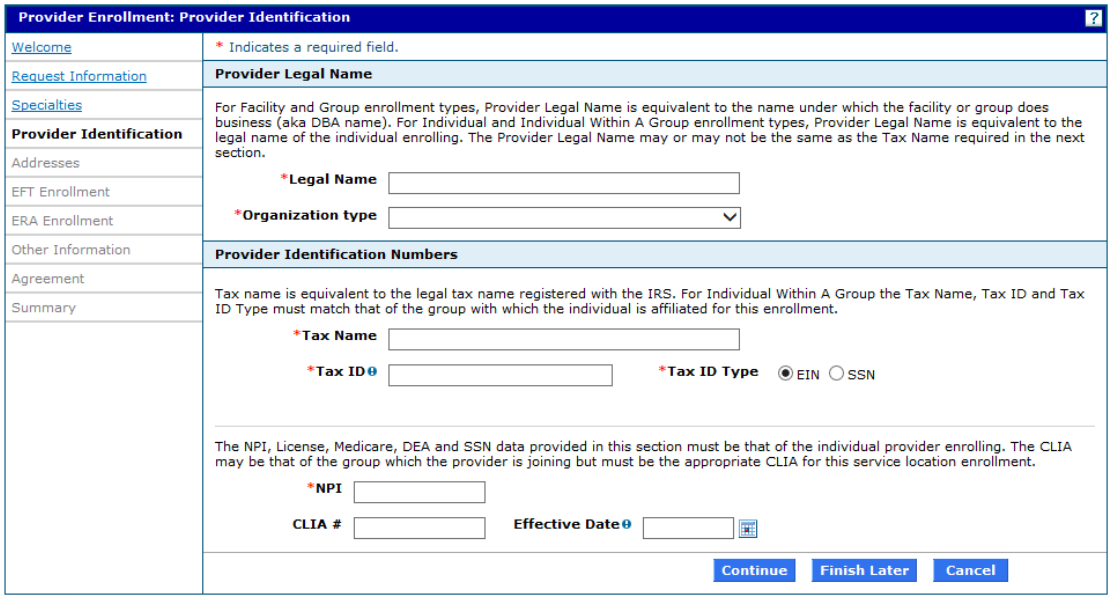
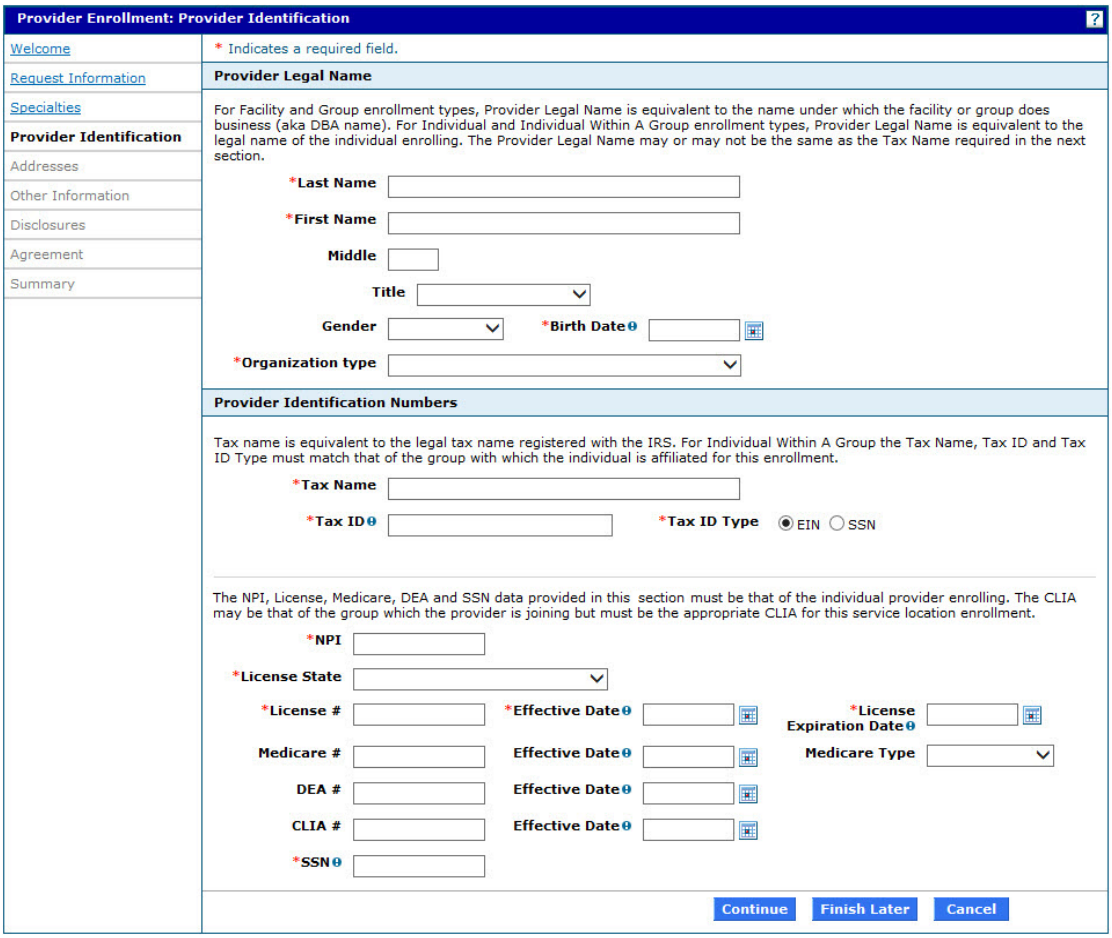



## Provider Enrollment: Provider Identification Page Layout – Individual And Individual Within A Group




## Provider Enrollment: Provider Identification Page Layout – OPR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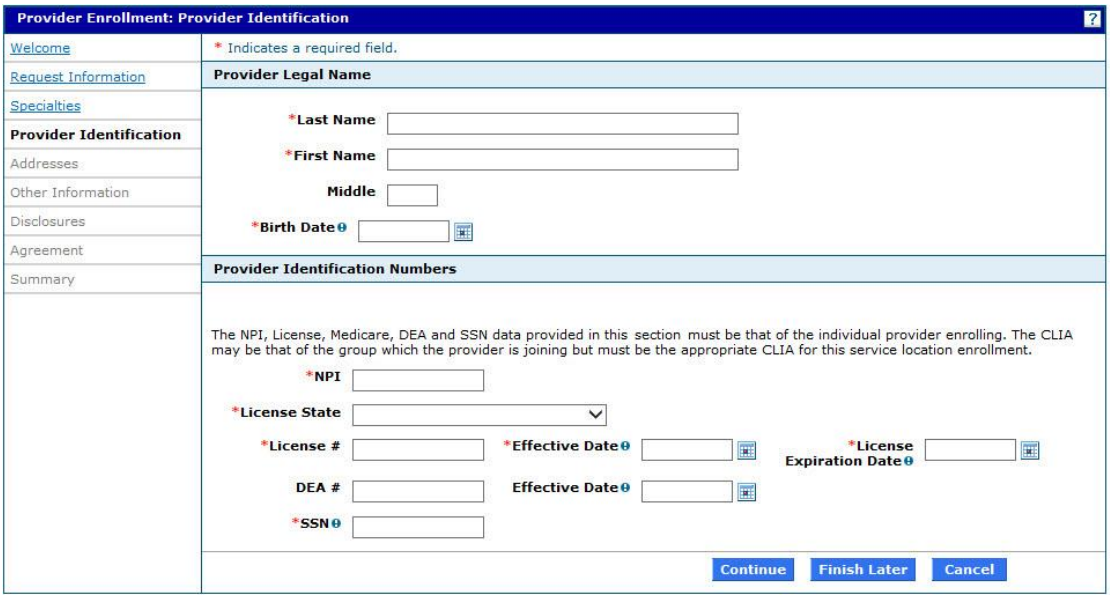



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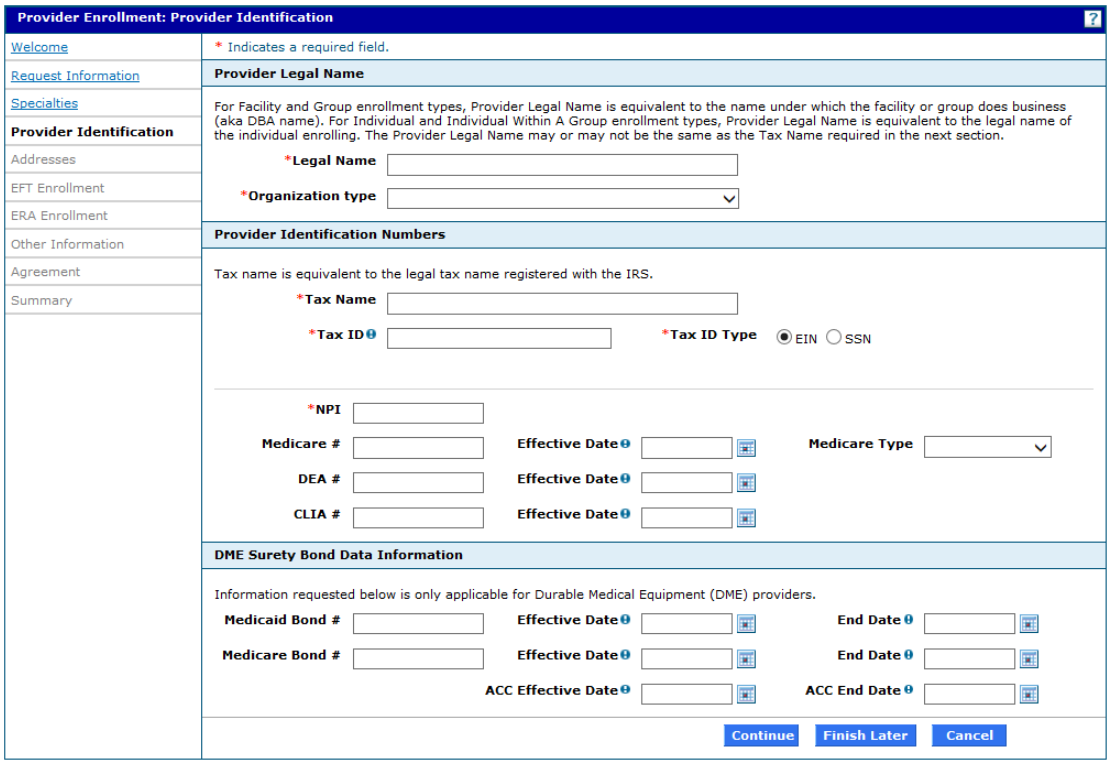
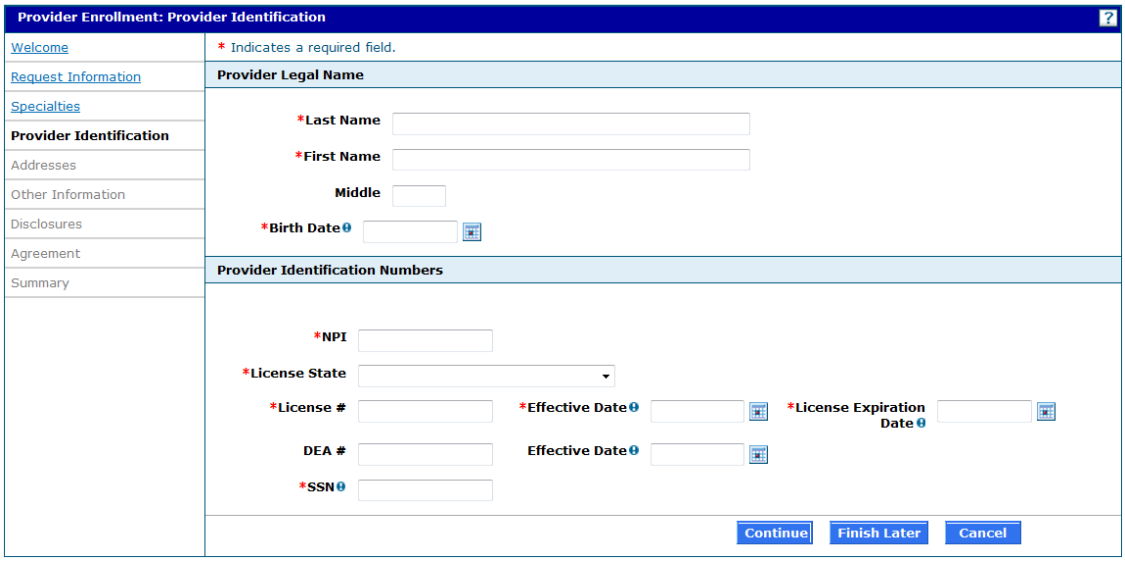
### Provider Enrollment: Provider Identification Page Layout – Facility or Group




### Provider Enrollment: Provider Identification Page Layout – OPR




## 6.6.3 Provider Enrollment: Provider Identification Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| ACC Effective Date | Allows the user to enter the Medicare accreditation effective date. | Field | Date | 8 |
| ACC End Date | Allows the user to enter the Medicare accreditation end date. | Field | Date | 8 |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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Birth Date | Allows the user to enter the provider's birth date. | Field | Date | 8 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| CLIA Effective Date | Allows the user to enter the effective date of the CLIA number. | Field | Date | 8 |
| CLIA # | Allows the user to enter the CLIA number. | Field | Character | 10 |
| Continue | Button that allows the user to navigate to the next page of the enrollment process. | Button | N/A | 0 |
| DEA Effective Date | Allows the user to enter the effective date of the DEA number. | Field | Date | 8 |
| DEA # | Allows the user to enter the DEA number. | Field | Character | 9 |
| Finish Later | Allows the user to save the enrollment application and finish it at a later date. | Button | N/A | 0 |
| First Name | Allows the user to enter the provider's first name. | Field | Character | 15 |
| Gender | Allows the user to select the provider's gender from a drop down list. Valid values are: Male, Female, and Unknown. | Combo Box | Drop down List Box | 0 |
| Last Name | Allows the user to enter the provider's last name. | Field | Character | 15 |
| Legal Name | Allows the user to enter the provider's legal name. | Field | Character | 30 |
| License # | Allows the user to enter the provider's license number. | Field | Character | 15 |
| License Effective Date | Allows the user to enter the effective date of the provider's license. | Field | Date | 8 |
| License Expiration Date | Allows the user to enter the expiration date of the provider's license. | Field | Date | 8 |
| License State | Allows the user to enter the state of origin of the provider's license number. | Combo Box | Drop down List Box | 0 |
| Medicaid Bond # | Allows the user to enter the Medicaid Bond number. | Field | Character | 15 |


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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Medicaid Bond Effective Date | Allows the user to enter the effective date of the provider's Medicaid Bond. | Field | Date | 8 |
| Medicaid Bond End Date | Allows the user to enter the expiration date of the provider's Medicaid Bond. | Field | Date | 8 |
| Medicare Bond # | Allows the user to enter the Medicare Bond number. | Field | Character | 15 |
| Medicare Bond Effective Date | Allows the user to enter the effective date of the provider's Medicare Bond. | Field | Date | 8 |
| Medicare Bond End Date | Allows the user to enter the expiration date of the provider's Medicare Bond. | Field | Date | 8 |
| Medicare Effective Date | Allows the user to enter the effective date of the Medicare number. | Field | Date | 8 |
| Medicare # | Allows the user to enter the provider's Medicare number. | Field | Character | 10 |
| Medicare Type | Allows the user to select the Medicare type that the provider's number associates with from a drop down list. Valid values are: DMERC and Medicare. | Combo Box | Drop down List Box | 0 |
| Middle | Allows the user to enter the provider's middle initial. | Field | Character | 1 |
| NPI | Allows the user to enter the provider's NPI. | Field | Number (Integer) | 10 |
| Organization Type | Allows the user to select the provider's organization type from a drop down list. | Combo Box | Drop down List Box | 0 |
| SSN | Allows the user to enter the provider's Social Security Number. | Field | Number (Integer) | 9 |
| Tax ID | Allows the user to enter the provider's Tax identification number. | Field | Number (Integer) | 9 |
| Tax ID Type | Allows the user to select the provider's Tax identification type. Valid values are: EIN and SSN. | Radio Button | N/A | 0 |
| Tax Name | Allows the user to enter the provider's legal tax name. | Field | Character | 30 |
| Title | Allows the user to select the provider's title from a drop down list. | Combo Box | Drop down List Box | 0 |


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### 6.6.4 Provider Enrollment: Provider Identification Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Effective Date | Effective Date is a required field. | Enter a valid effective date |
| | Effective Date is not in the correct format; enter the value in the format 'MM/DD/YYYY'. | Enter date in correct format. |
| Expiration Date | Expiration Date is a required field. | Enter a valid expiration date. |
| | Expiration Date is not in the correct format, enter the value in the format 'MM/DD/YYYY'. | Enter date in correct format. |
| First Name | First Name is a required field. | Enter a valid first name. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Last Name | Last Name is a required field. | Enter a valid last name. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| License # | License # is a required field. | Enter a valid license number. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| License State | License State is a required field. | Select a valid state from the drop down list. |
| Medicaid Bond # | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Medicare # | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Medicare Bond # | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| NPI | NPI is a required field. | Enter a valid NPI number. |
| | NPI is an invalid numeric value. | Enter a valid numeric value. |
| SSN | SSN is a required field. | Enter a valid SSN number. |
| Tax ID | Tax ID is a required field. | Enter a valid tax ID number. |
| Tax Name | Tax Name is a required field. | Enter a valid tax name. |


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| Field | Error Message | To Correct |
|---|---|---|
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |

### 6.6.5 Provider Enrollment: Provider Identification Page Extra Features

| Field | Field Type |
|---|---|
| ACC Effective Date | Selectable calendar function. |
| ACC End Date | Selectable calendar function. |
| Effective Date (Medicare, DEA, and CLIA) | Selectable calendar function. |
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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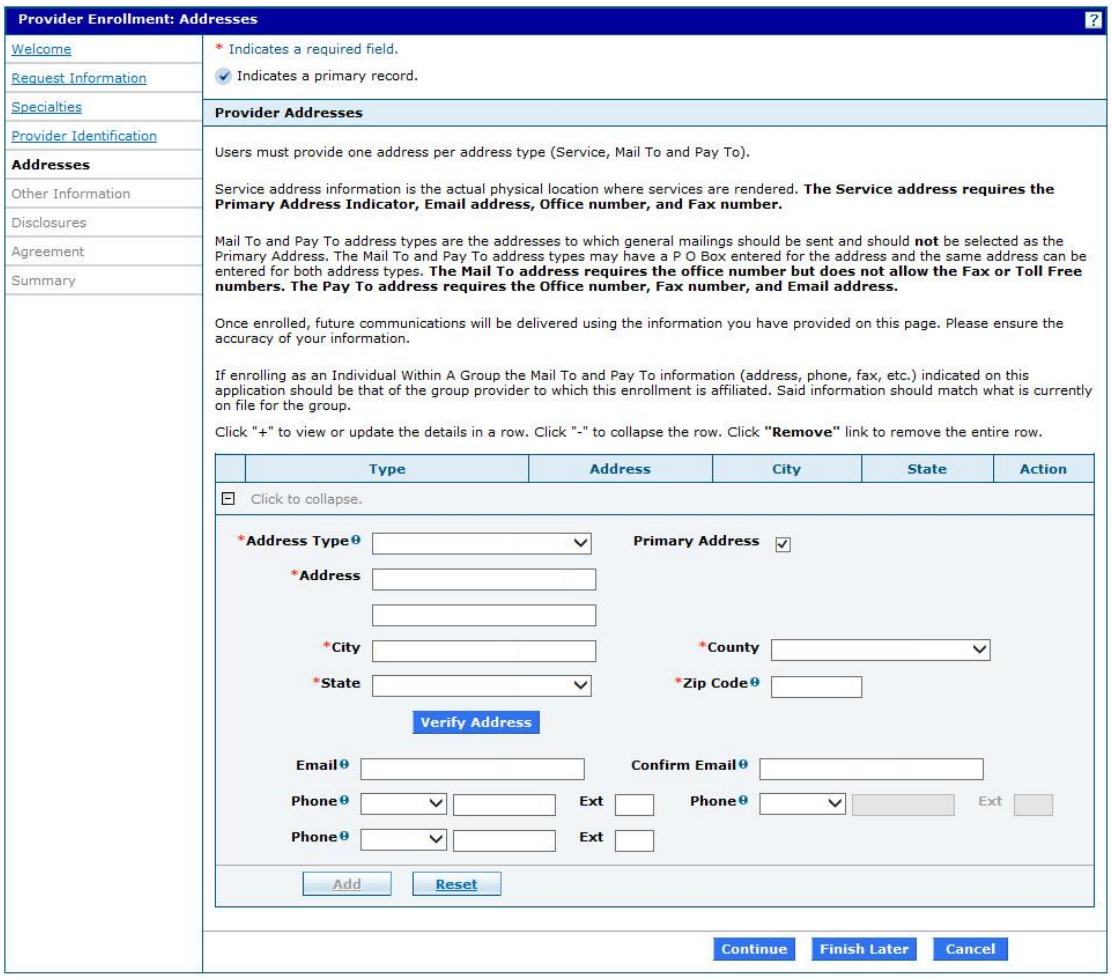
# 6.7 PROVIDER ENROLLMENT: ADDRESSES

## 6.7.1 Provider Enrollment: Addresses Page Narrative

The Provider Enrollment – Addresses page allows provider to enter address information. Providers need to provide one address per address type (Service, Mail To and Pay To). Service address information is the actual physical location where services are rendered and associated data such as phone and fax. Mail To and Pay To address types are the addresses to which general mailings should be sent. The Mail To and Pay To address types may have a P O Box entered for the address and the same address can be entered for both address types. E-mail address is a required field for the Service Location and Pay To address. Once enrolled, future communications will be delivered using the information the provider has provided on this page. Please ensure the accuracy of the information.

## 6.7.2 Provider Enrollment: Addresses Page Layout

**Prior to Added Information**





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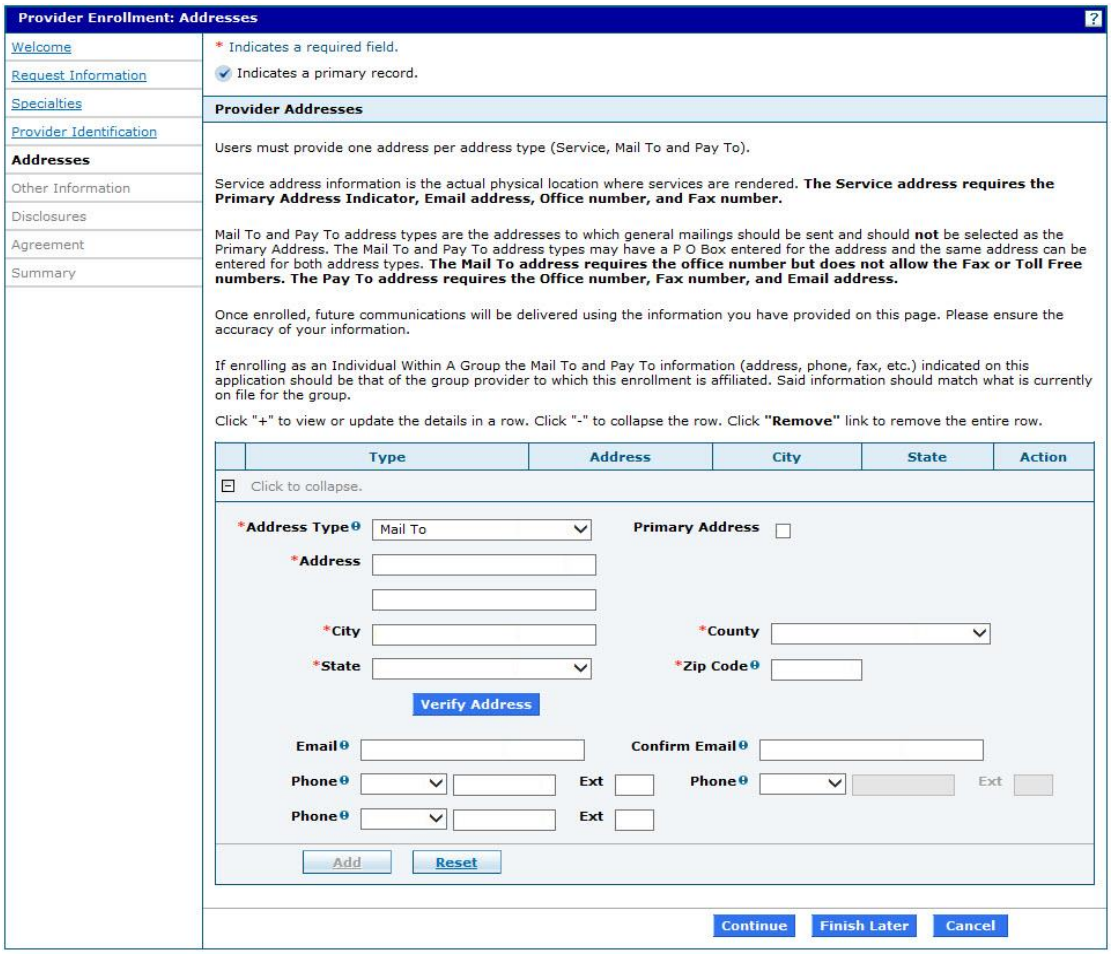
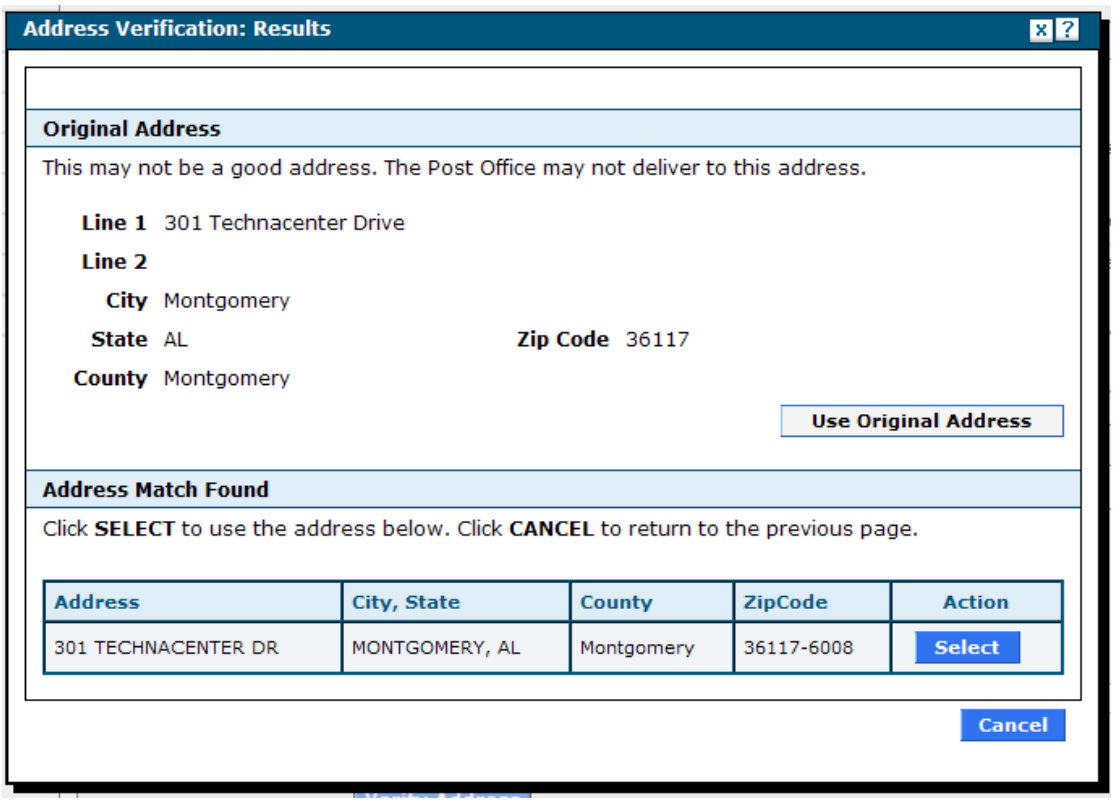
**After Address Type has been Selected, Verify Address button is displayed**




Enter Address and Click “Verify Address” to validate the address:





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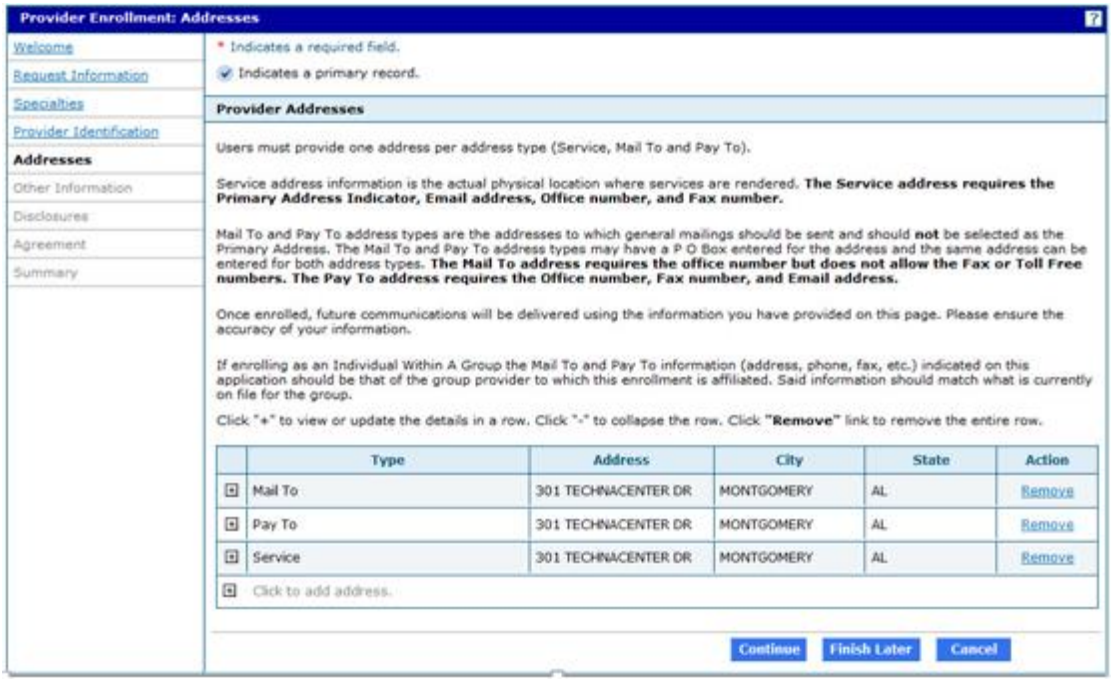
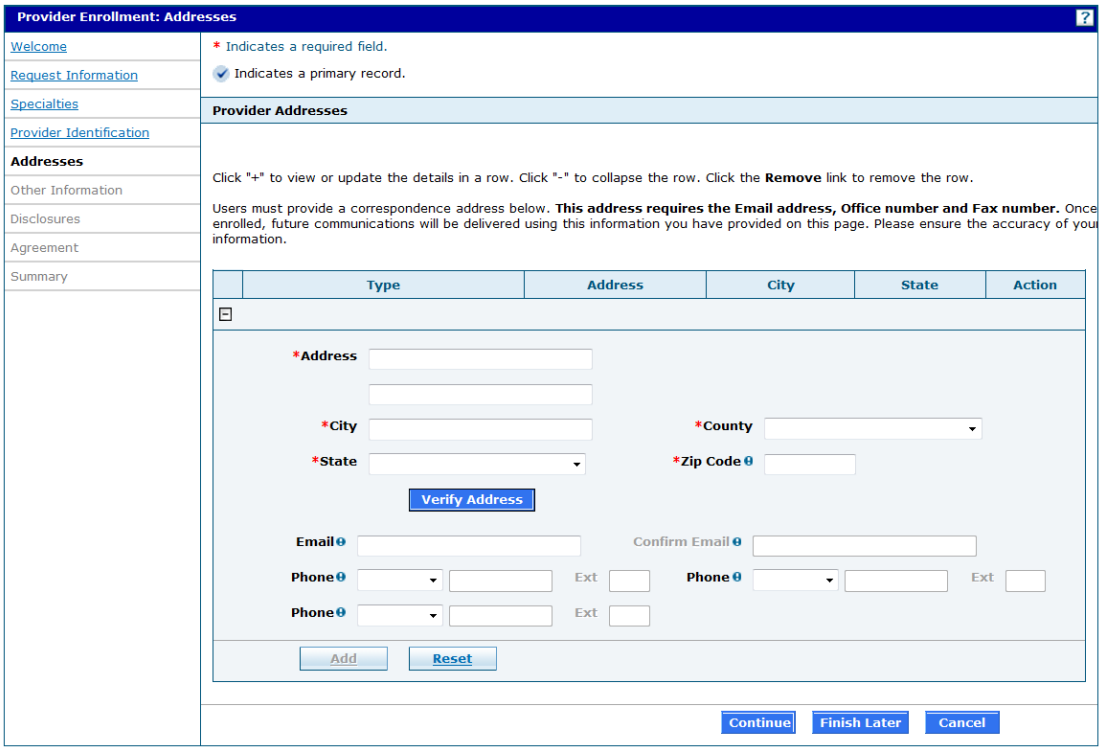
## After Information is Added




ADDRESS PAGE for OPR Enrollment





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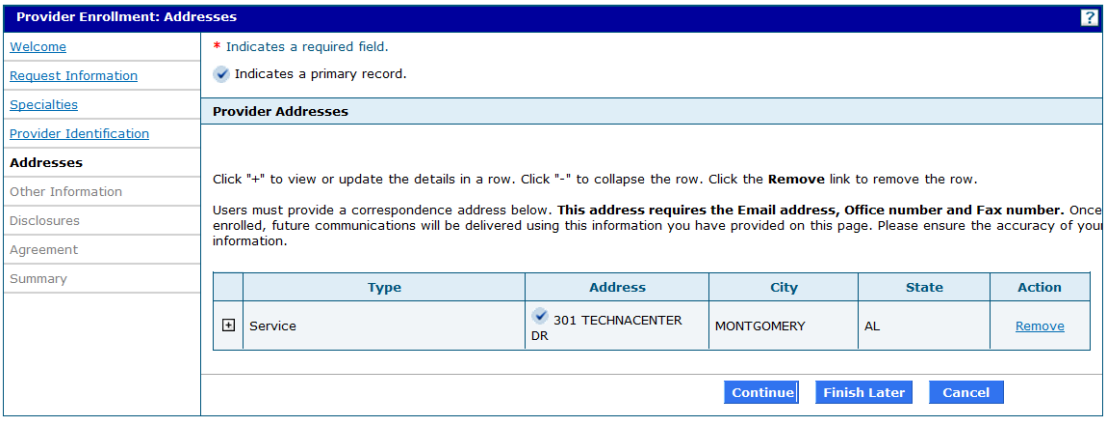
AFTER Address is added:




### 6.7.3 Provider Enrollment: Addresses Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Add | Allows the user to add a new information segment.<br>NOTE: Add button is not activated until the address has been verified using the “Verify Address” button. | Button | N/A | 0 |
| Address | Allows the user to enter the provider’s address. | Field | Character | 55 |
| Address Type | Allows the user to select the provider’s address type from a drop down list. Valid values are: Mail To, Pay To, and Service. | Combo Box | Drop down List Box | 0 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| City | Allows the user to enter the provider’s city. | Field | Character | 30 |
| Confirm Email | Allows the user to confirm the provider’s email address. | Field | Character | 50 |
| Continue | Button that allows the user to navigate to the next page of the enrollment process. | Button | N/A | 0 |
| County | Allows the user to select the provider’s county from a drop down list. | Combo Box | Drop down List Box | 0 |
| Email | Allows the user to enter the provider’s email address. | Field | Character | 50 |
| Finish Later | Allows the user to save the enrollment application and finish it at a later date. | Button | N/A | 0 |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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Phone | Allows the user to select the provider's phone type from a drop down list. Valid values are: Cell, Fax, Home, Office, and Toll-Free. | Combo Box | Drop down List Box | 0 |
| Phone / Ext | Allows the user to enter the provider's telephone number and extension after the phone type has been selected from drop down list. | Field | Number (Integer) | 10 (Phone)<br>4 (Ext) |
| Primary Address | Allows the user to indicate which address is the primary address for the provider. | Check Box | N/A | 0 |
| Reset | Allows the user to reset the page to initial appearance. | Button | N/A | 0 |
| Select | Allows the user to select the standardized address. | Button | N/A | 0 |
| State | Allows the user to select the provider's state from a drop down list. | Combo Box | Drop down List Box | 0 |
| Use Original Address | Allows the user to select the originally-entered address. | Button | N/A | 0 |
| Verify Address | Allows the user to verify and format the address using United States Postal Service standards | Button | N/A | 0 |
| Zip Code | Allows the user to enter the provider's zip code. | Field | Number (Integer) | 9 |

### 6.7.4 Provider Enrollment: Addresses Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Address | Address is a required field. | Enter a valid address. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Address Type | Address Type is a required field. | Enter a valid address type. |
| | Only the following address types can be primary: Service. | Enter Service as primary type. |
| | The following address type(s) are required: MailTo, PayTo. | Enter the required address types. |
| City | City is a required field. | Enter a valid city name. |
| | The text field contains invalid characters. Acceptable characters | Enter acceptable characters. |


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| Field | Error Message | To Correct |
|---|---|---|
| | include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | |
| County | County is a required field. | Select a valid county from the drop down list. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Email Address | The email address is invalid. Enter email with 'name@domain' format. | Enter an email address with the proper format. |
| Email and Confirm Email | Email and Confirm Email fields do not match. | The same email address must be entered in both Email and Confirm Email. |
| Phone Mail To | The following phone type(s) are required: Office. | Select the required phone types. |
| Phone Mail To | The following phone type(s) are not allowed for this address type: Fax, Toll-Free. | Only enter required telephone type. |
| Phone Pay To | The following phone type(s) are required: Office and Fax | Select the required phone types. |
| Phone Service Location | The following phone type(s) are required: Office and Fax. | Select the required phone types. |
| Primary Address | At least one primary address must be entered. | Enter a primary address. |
| Verify Address | An address may result in a warning or suggested standardized address .<br>Screen shot shown below | The user may:<br>• Use the "Select" button to select the standardized address.<br>• Use the "Cancel" button to return to the address panel and re-enter the address.<br>• Select the "Use Original Address" button to use the address as entered, without standardization. |
| State | State is a required field. | Select a valid state from the drop down list. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Zip Code | Zip Code is a required field. | Enter a valid zip code. |

### 6.7.5 Provider Enrollment: Addresses Page Extra Features

| Field | Field Type |
|---|---|
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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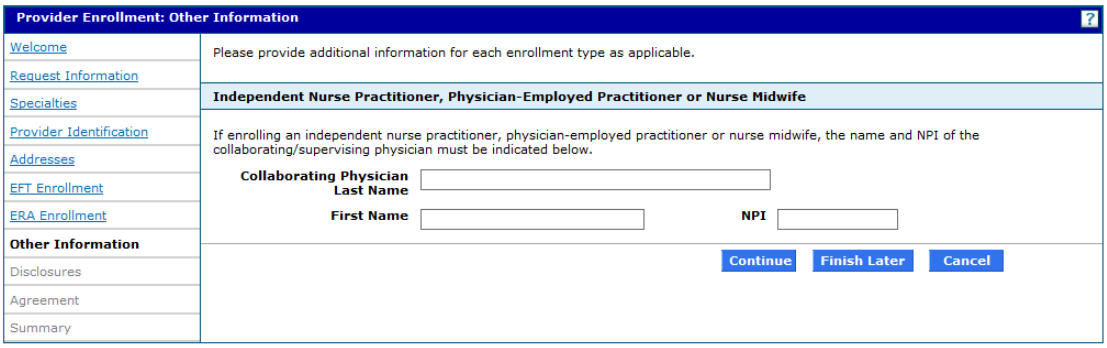
# 6.9 PROVIDER ENROLLMENT: OTHER INFORMATION

## 6.9.1 Provider Enrollment: Other Information Page Narrative

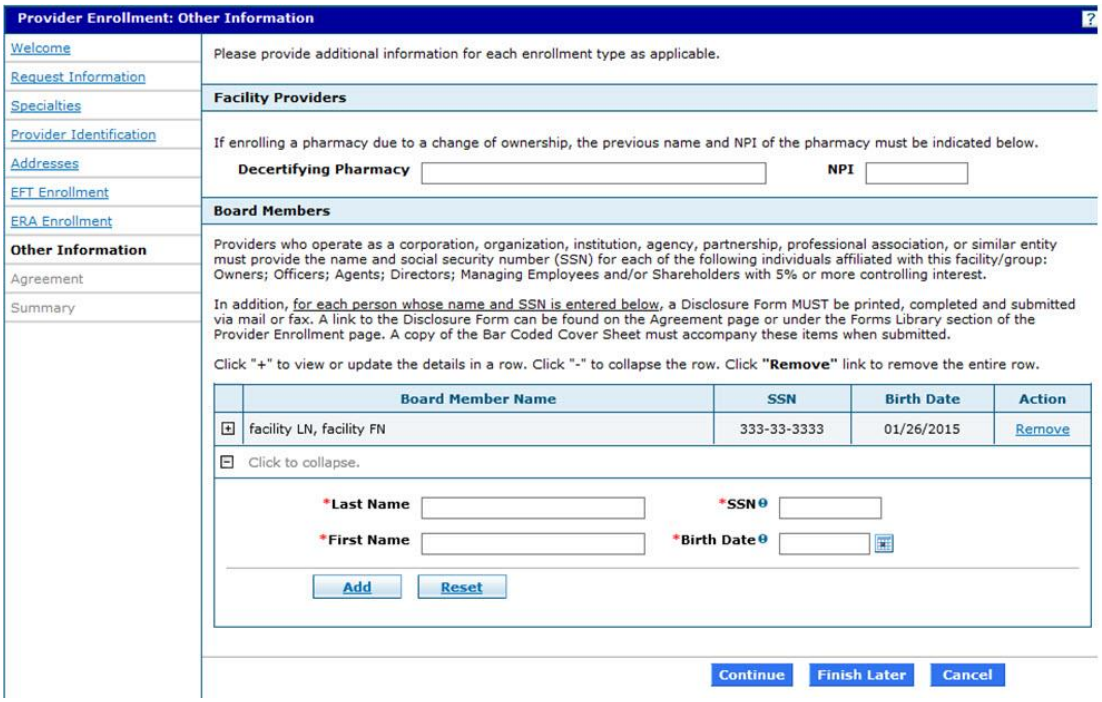
The Provider Enrollment: Other Information page provides any other additional information, such as independent nurse practitioner, physician-employed practitioners or nurse midwife data (if applicable). If the provider is enrolling a pharmacy due to change in ownership, please provide the pharmacy data. Facility or group need to indicate board members.

## 6.9.2 Provider Enrollment: Other Information Page Layout

**Independent Nurse Practitioner, Physician-Employed Practitioners or Nurse Midwife Layout Page**




**Facility Providers and Board Members Layout Page**





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### 6.9.3 Provider Enrollment: Other Information Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Add | Allows the user to add a new information segment. | Button | N/A | 0 |
| Board Member Birth Date | Allows the user to enter the birth date of the board member. | Field | Date | 8 |
| Board Member First Name | Allows the user to enter the first name of the board member. | Field | Character | 15 |
| Board Member Last Name | Allows the user to enter the last name of the board member. | Field | Character | 20 |
| Board Member SSN | Allows the user to enter the social security number of the board member. | Field | Number (Integer) | 9 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Collaborating Physician First Name | Allows the user to enter the Collaborating Physician first name. | Field | Character | 25 |
| Collaborating Physician Last Name | Allows the user to enter the Collaborating Physician last name. | Field | Character | 50 |
| Collaborating Physician NPI | Allows the user to enter the Collaborating Physician NPI. | Field | Number (Integer) | 10 |
| Continue | Button that allows the user to navigate to the next page of the enrollment process. | Button | N/A | 0 |
| Decertifying Pharmacy | Allows the user to enter the Decertifying Pharmacy. | Field | Character | 50 |
| Decertifying Pharmacy NPI | Allows the user to enter the Decertifying Pharmacy NPI. | Field | Number (Integer) | 10 |
| Finish Later | Allows the user to save the enrollment application and finish it at a later date. | Button | N/A | 0 |
| Reset | Allows the user to reset the page to initial appearance. | Button | N/A | 0 |


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### 6.9.4 Provider Enrollment: Other Information Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Board Member Birth Date | Birth Date is a required field. | Enter a valid birth date. |
| | Birth date must be between 0 and 150 years old. | Enter a valid birth date. |
| Board Member First Name | First Name is a required field. | Enter a valid first name. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Board Member Last Name | Last Name is a required field. | Enter a valid last name. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Board Member SSN | SSN is a required field. | Enter a valid SSN number. |
| Collaborating Physician First Name | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Collaborating Physician Last Name | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |

### 6.9.5 Provider Enrollment: Other Information Page Extra Features

| Field | Field Type |
|---|---|
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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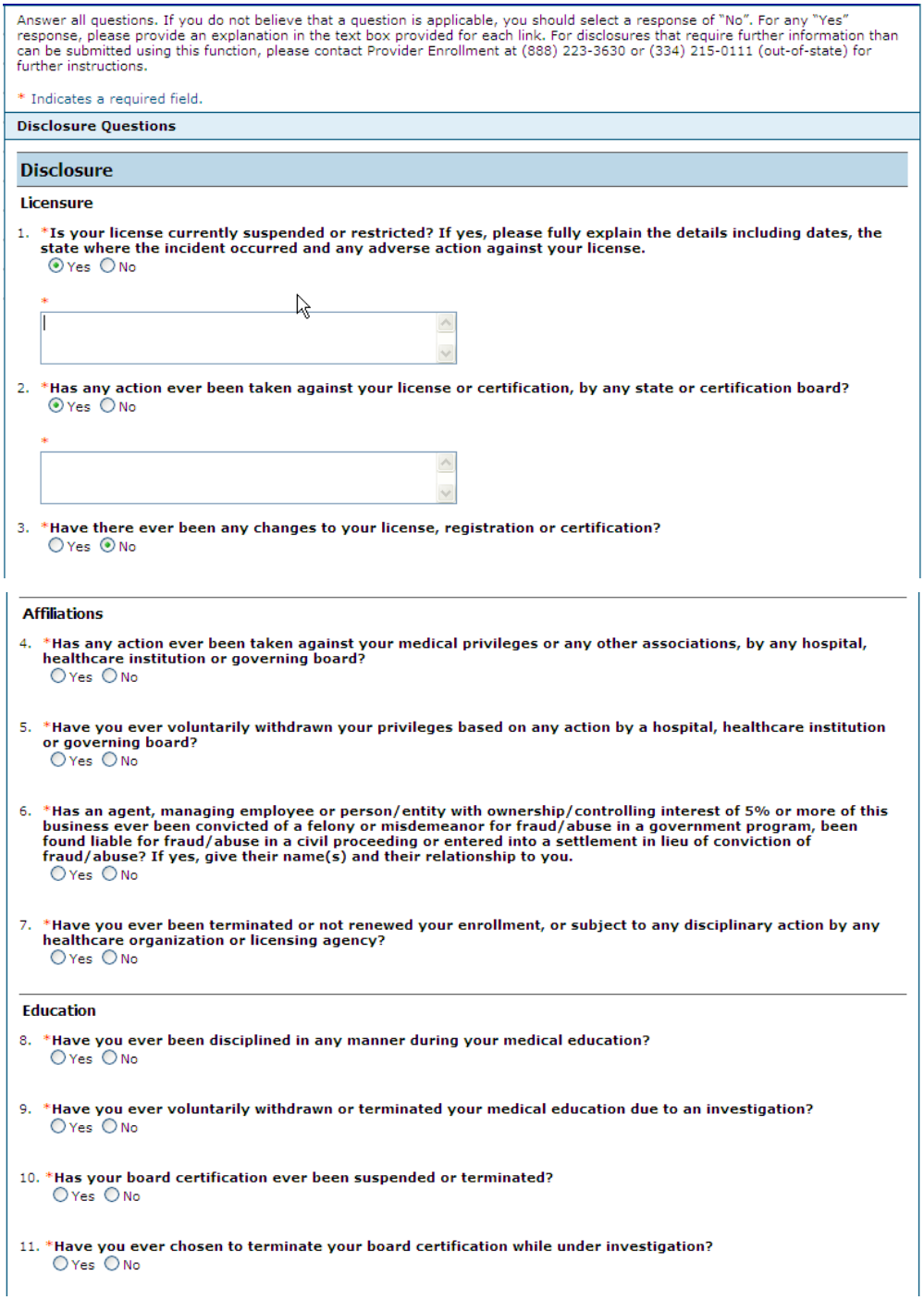
# 6.10 PROVIDER ENROLLMENT: DISCLOSURES

## 6.10.1 Provider Enrollment: Disclosures Page Narrative

The Provider Enrollment: Disclosures page allows the provider to answers all disclosure questions. If the question is not applicable to you, answer `No.' For all `Yes' responses, provide an explanation in the text box. **If a disclosure explanation requires more detail than what the text box allows, contact Provider Enrollment.**

## 6.10.2 Provider Enrollment: Disclosures Page Layout





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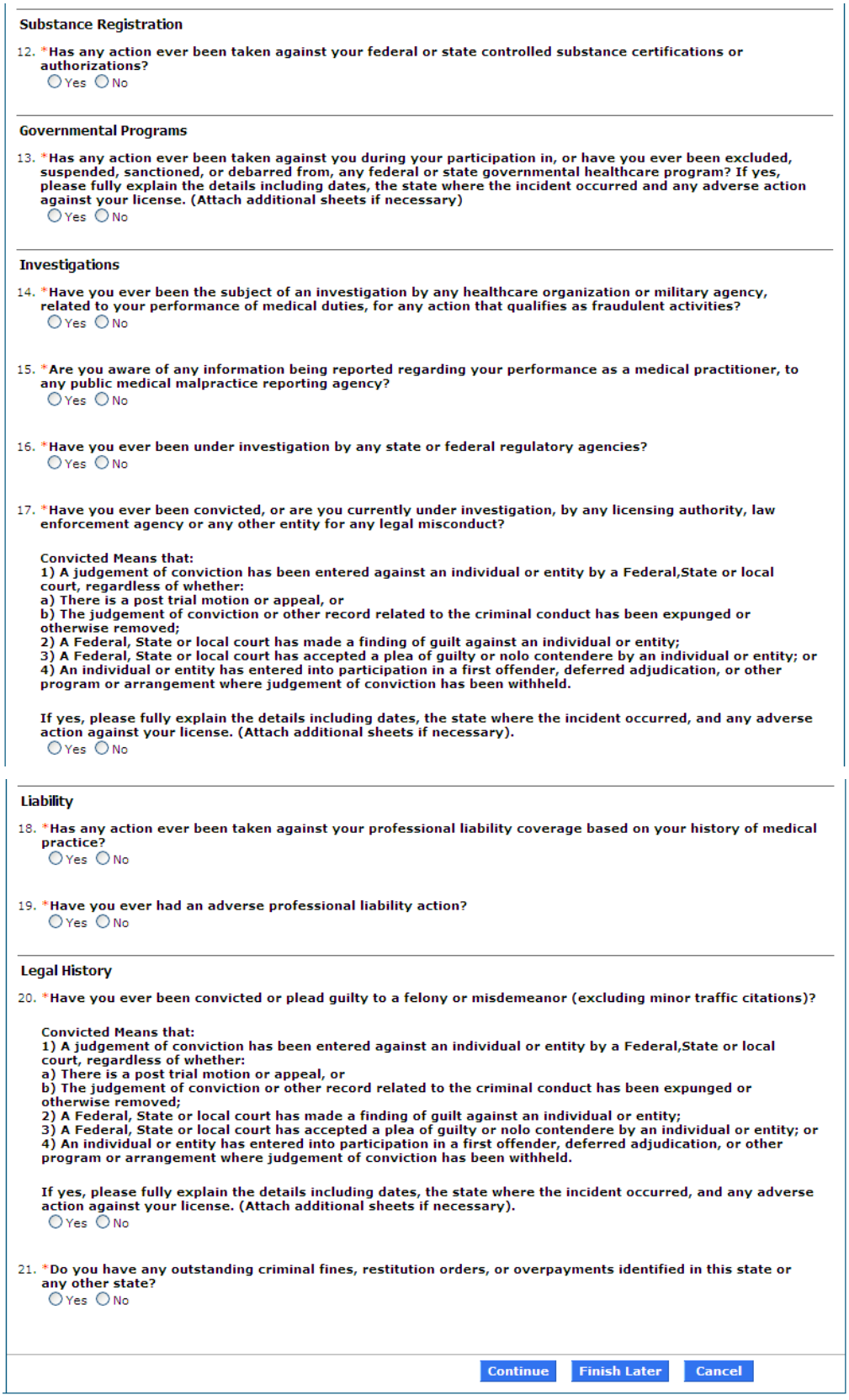

**Substance Registration**

12. *Has any action ever been taken against your federal or state controlled substance certifications or authorizations?
Yes No

**Governmental Programs**

13. *Has any action ever been taken against you during your participation in, or have you ever been excluded, suspended, sanctioned, or debarred from, any federal or state governmental healthcare program? If yes, please fully explain the details including dates, the state where the incident occurred and any adverse action against your license. (Attach additional sheets if necessary)
Yes No

**Investigations**

14. *Have you ever been the subject of an investigation by any healthcare organization or military agency, related to your performance of medical duties, for any action that qualifies as fraudulent activities?
Yes No

15. *Are you aware of any information being reported regarding your performance as a medical practitioner, to any public medical malpractice reporting agency?
Yes No

16. *Have you ever been under investigation by any state or federal regulatory agencies?
Yes No

17. *Have you ever been convicted, or are you currently under investigation, by any licensing authority, law enforcement agency or any other entity for any legal misconduct?

Convicted Means that:
1) A judgement of conviction has been entered against an individual or entity by a Federal,State or local court, regardless of whether:
a) There is a post trial motion or appeal, or
b) The judgement of conviction or other record related to the criminal conduct has been expunged or otherwise removed;
2) A Federal, State or local court has made a finding of guilt against an individual or entity;
3) A Federal, State or local court has accepted a plea of guilty or nolo contendere by an individual or entity; or
4) An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgement of conviction has been withheld.

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license. (Attach additional sheets if necessary).
Yes No

**Liability**

18. *Has any action ever been taken against your professional liability coverage based on your history of medical practice?
Yes No

19. *Have you ever had an adverse professional liability action?
Yes No

**Legal History**

20. *Have you ever been convicted or plead guilty to a felony or misdemeanor (excluding minor traffic citations)?

Convicted Means that:
1) A judgement of conviction has been entered against an individual or entity by a Federal,State or local court, regardless of whether:
a) There is a post trial motion or appeal, or
b) The judgement of conviction or other record related to the criminal conduct has been expunged or otherwise removed;
2) A Federal, State or local court has made a finding of guilt against an individual or entity;
3) A Federal, State or local court has accepted a plea of guilty or nolo contendere by an individual or entity; or
4) An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgement of conviction has been withheld.

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license. (Attach additional sheets if necessary).
Yes No

21. *Do you have any outstanding criminal fines, restitution orders, or overpayments identified in this state or any other state?
Yes No

Continue Finish Later Cancel


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### 6.10.3 Provider Enrollment: Disclosures Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Continue | Button that allows the user to navigate to the next page of the enrollment process. | Button | N/A | 0 |
| Finish Later | Allows the user to save the enrollment application and finish it at a later date. | Button | N/A | 0 |
| Licensure | Allows the user to answer Disclosure questions for this section. Valid answers are 'Yes' or 'No'. If 'Yes' is answered, a text box appears to provide an explanation. | Radio Button / Field | N/A / Character | 0 / 500 |
| Affiliations | Allows the user to answer Disclosure questions for this section. Valid answers are 'Yes' or 'No'. If 'Yes' is answered, a text box appears to provide an explanation. | Radio Button / Field | N/A / Character | 0 / 500 |
| Education | Allows the user to answer Disclosure questions for this section. Valid answers are 'Yes' or 'No'. If 'Yes' is answered, a text box appears to provide an explanation. | Radio Button / Field | N/A / Character | 0 / 500 |
| Substance Registration | Allows the user to answer Disclosure questions for this section. Valid answers are 'Yes' or 'No'. If 'Yes' is answered, a text box appears to provide an explanation. | Radio Button / Field | N/A / Character | 0 / 500 |
| Governmental Programs | Allows the user to answer Disclosure questions for this section. Valid answers are 'Yes' or 'No'. If 'Yes' is answered, a text box appears to provide an explanation. | Radio Button / Field | N/A / Character | 0 / 500 |
| Investigations | Allows the user to answer Disclosure questions for this section. Valid answers are 'Yes' or 'No'. If 'Yes' is answered, a text box appears to provide an explanation. | Radio Button / Field | N/A / Character | 0 / 500 |


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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Liability | Allows the user to answer Disclosure questions for this section. Valid answers are 'Yes' or 'No'. If 'Yes' is answered, a text box appears to provide an explanation. | Radio Button / Field | N/A / Character | 0 / 500 |
| Legal History | Allows the user to answer Disclosure questions for this section. Valid answers are 'Yes' or 'No'. If 'Yes' is answered, a text box appears to provide an explanation. | Radio Button / Field | N/A / Character | 0 / 500 |

### 6.10.4 Provider Enrollment: Disclosures Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Answer | Answer is a required field. | Enter yes or no to the question. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| | Must select yes or no for each question. If you have selected 'Yes', you must provide a text explanation. | |

### 6.10.5 Provider Enrollment: Disclosures Page Extra Features

| Field | Field Type |
|---|---|
| Answer | Text box appears if answered yes. |
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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## 6.11 PROVIDER ENROLLMENT: AGREEMENT

### 6.11.1 Provider Enrollment: Agreement Page Narrative

The Provider Enrollment Agreement page allows the provider to view the Terms of Enrollment, Provider Agreement and Signature requirements. The provider must accept the terms, agreement and provide an electronic signature in order to submit the enrollment application. Failure to do so means that no enrollment application is retained or submitted. The provider must also access, print, sign, fax and mail with the bar-coded cover sheet, as well as other supplemental documentation. The Signature box must contain the signature of the individual applicant requesting enrollment OR the signature of an authorized representative of the facility/group requesting enrollment.

It is strongly advised that the provider access the Summary of Enrollment link to review all data that has been entered into the enrollment application. Changes can be made to the existing application by navigating back to the appropriate screen using the links in the table of contents. Upon making changes, the enrollment application can be reviewed again. Once submitted, ability to update data on the application will most likely be limited to specific data and permission to do so is granted only by HPES Provider Enrollment staff and only under specific circumstances.

Once the application is submitted and confirmed, a tracking number will be assigned and a cover sheet can be printed for submission with all hard copy materials (fax and/or paper mailings) to the HPES Provider Enrollment office.


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## 6.11.2 Provider Enrollment: Agreement Page Layout

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### 6.11.3 Provider Enrollment: Agreement Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Agreement Date | Displays the terms of agreement date of the provider enrollment contract. | Displays | N/A | 0 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Contact Name | Displays the contact name of the provider enrollment contract for the provider. | Displays | N/A | 0 |
| Contact Email | Displays the contact email of the provider enrollment contract for the provider. | Displays | N/A | 0 |
| Finish Later | Allows the user to save the enrollment application and finish it at a later date. | Button | N/A | 0 |
| I accept | Allows the user to select the check box next to I accept. This box must have a check indicating the electronic signature is equivalent to the written signature. | Check Box | N/A | 0 |
| Legal Name | Displays the provider's legal name. | Displays | N/A | 0 |
| NPI | Displays the provider's NPI. | Displays | N/A | 0 |
| Primary Address | Displays the provider's primary address. | Displays | N/A | 0 |
| Print, Complete, Sign & Submit: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to EFT Form. | Hyperlink | N/A | 0 |
| Print, Sign & Submit: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to Signature Form. | Hyperlink | N/A | 0 |
| Read: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to page listing required attachments. | Hyperlink | N/A | 0 |
| Read & Print: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to Provider Agreement. | Hyperlink | N/A | 0 |
| Submit | Allows the user to submit the application. | Button | N/A | 0 |
| Tax ID | Displays the provider's Tax ID, | Displays | N/A | 0 |


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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Tax ID Type | Displays the provider's tax ID type. | Displays | N/A | 0 |
| Title | Allows the user to enter the title, if applicable, of the individual signing the agreement. | Field | Character | 50 |
| Authorized Signature/Electronic Signature of Person Submitting Enrollment | Allows the user to enter the name of the individual signing the agreement. | Field | Character | 50 |

### 6.11.4 Provider Enrollment: Agreement Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| I Accept | I Accept is a required field. | Click the check box to show a check. |
| Title | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Authorized Signature/Electronic Signature of Person Submitting Enrollment | Your Signature is a required field. | Enter your name.. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |

### 6.11.5 Provider Enrollment: Agreement Page Extra Features

| Field | Field Type |
|---|---|
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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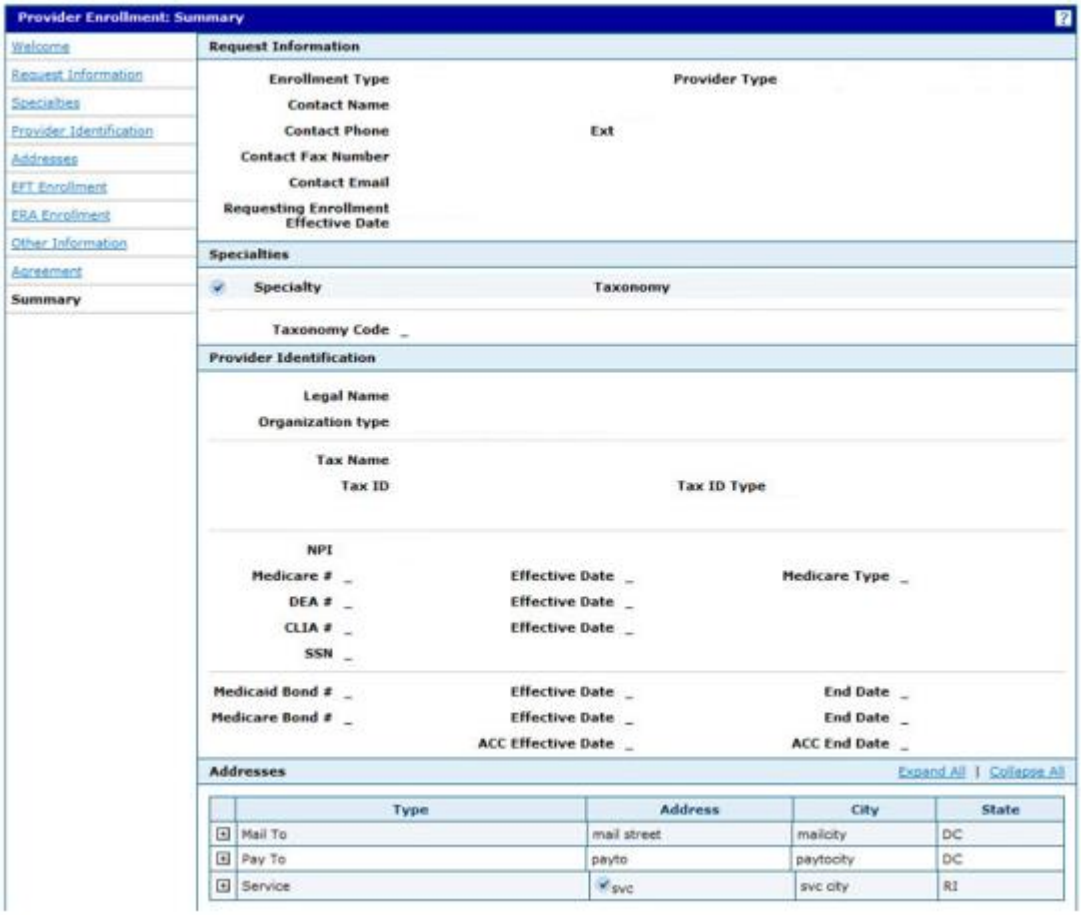
## 6.12 PROVIDER ENROLLMENT: SUMMARY

### 6.12.1 Provider Enrollment: Summary Page Narrative

The Provider Enrollment: Summary Page allows the provider to review and make any revisions to previous pages as needed. The provider is **strongly** encouraged to verify if the information on the summary is correct. If the provider needs to make changes it can be done by selecting the appropriate page(s) in the table of contents. If all information is correct the provider is **strongly** encouraged to print a copy of the summary for your records. The provider must click '**Confirm'** for the application to be submitted for review.

### 6.12.2 Provider Enrollment: Summary Page Layout





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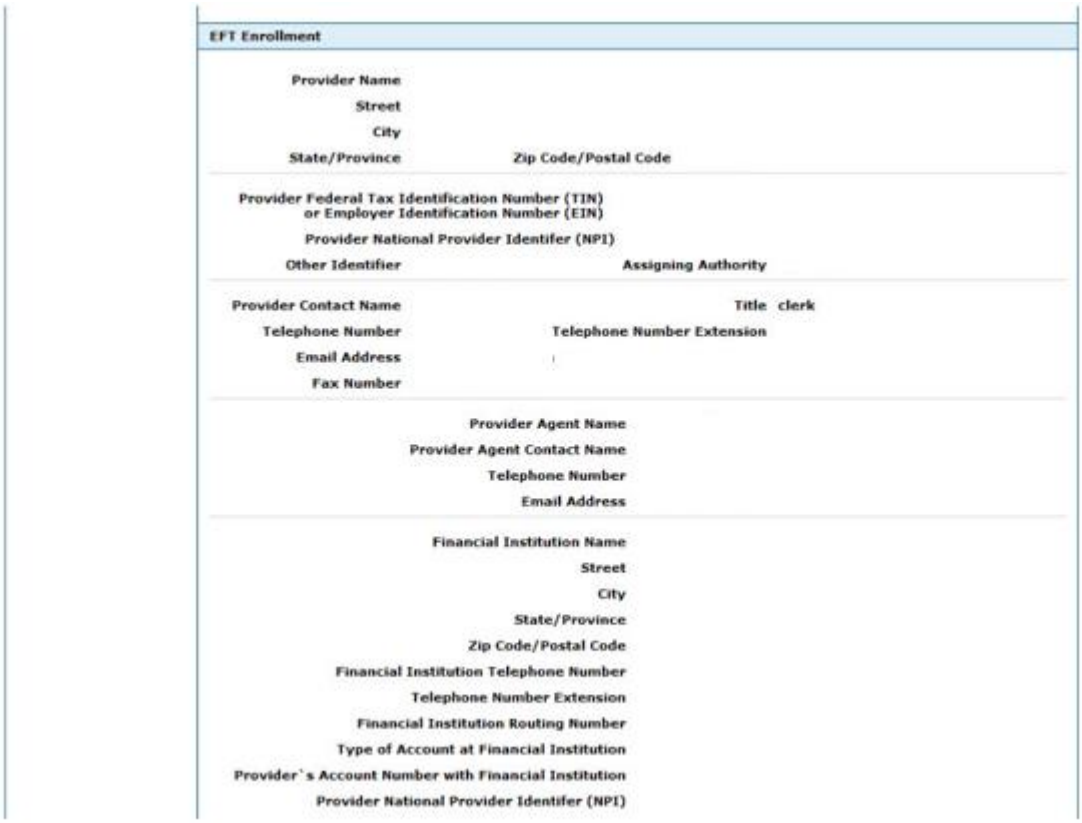

EFT Enrollment

Provider Name
Street
City
State/Province
Zip Code/Postal Code

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
Provider National Provider Identifer (NPI)
Other Identifier
Assigning Authority

Provider Contact Name
Title clerk
Telephone Number
Telephone Number Extension
Email Address
Fax Number

Provider Agent Name
Provider Agent Contact Name
Telephone Number
Email Address

Financial Institution Name
Street
City
State/Province
Zip Code/Postal Code
Financial Institution Telephone Number
Telephone Number Extension
Financial Institution Routing Number
Type of Account at Financial Institution
Provider`s Account Number with Financial Institution
Provider National Provider Identifer (NPI)

ERA Enrollment

Provider Name
Street
City
State/Province
Zip Code/Postal Code

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
Provider National Provider Identifer (NPI)
Other Identifier
Assigning Authority
Trading Partner ID

Provider Contact Name
Title
Telephone Number
Telephone Number Extension
Email Address
Fax Number

Provider Agent Name
Provider Agent Contact Name
Telephone Number
Email Address

Provider National Provider Identifer (NPI)
Method of Retrieval

Clearinghouse Name
Clearinghouse Contact Name
Telephone Number
Email Address

Vendor Name
Vendor Contact Name
Telephone Number
Email Address


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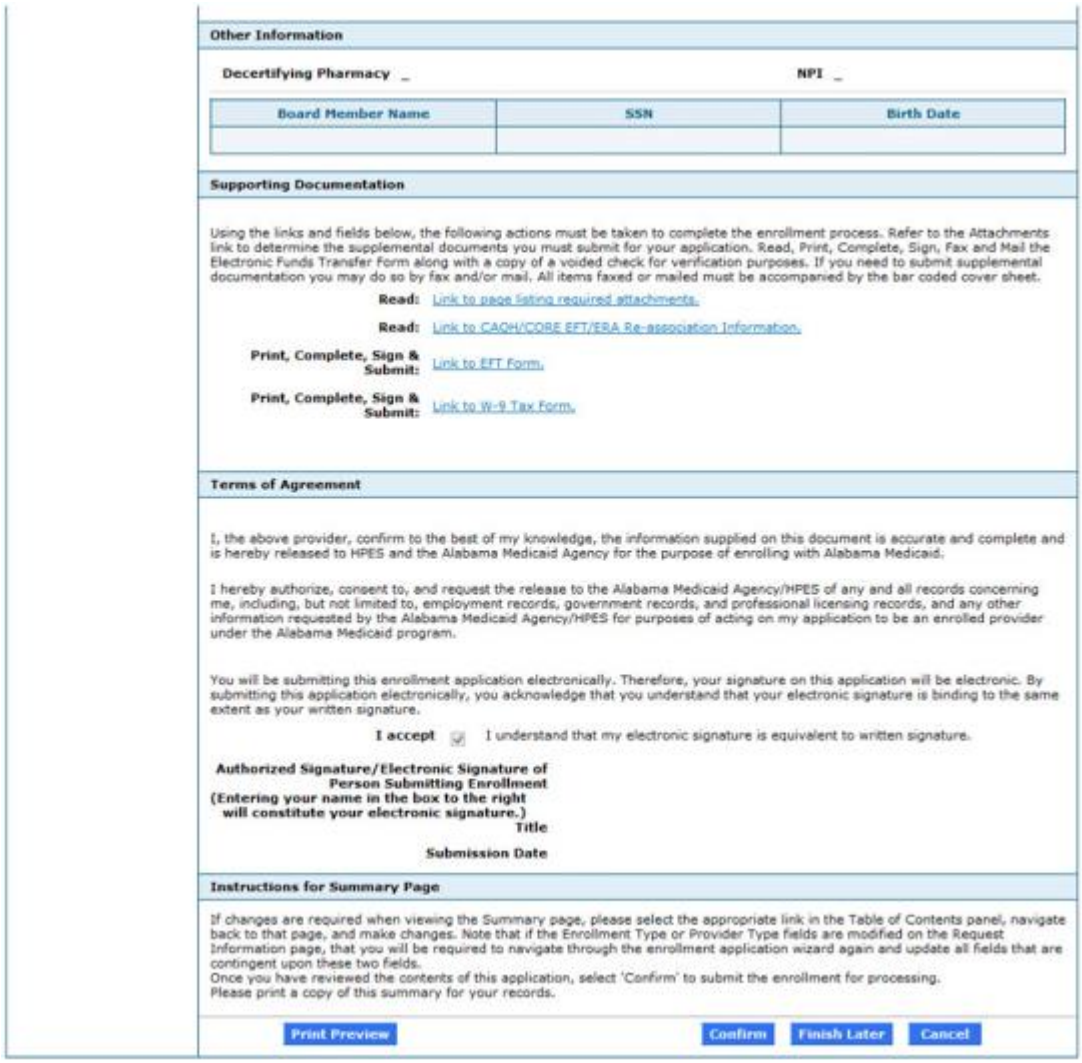

**Other Information**

**Decertifying Pharmacy** _ **NPI** _

| Board Member Name | SSN | Birth Date |
|---|---|---|
| | | |

**Supporting Documentation**

Using the links and fields below, the following actions must be taken to complete the enrollment process. Refer to the Attachments link to determine the supplemental documents you must submit for your application. Read, Print, Complete, Sign, Fax and Mail the Electronic Funds Transfer Form along with a copy of a voided check for verification purposes. If you need to submit supplemental documentation you may do so by fax and/or mail. All items faxed or mailed must be accompanied by the bar coded cover sheet.

**Read:** Link to page listing required attachments.

**Read:** Link to CAQH/CORE EFT/ERA Re-association Information.

**Print, Complete, Sign & Submit:** Link to EFT Form.

**Print, Complete, Sign & Submit:** Link to W-9 Tax Form.

**Terms of Agreement**

I, the above provider, confirm to the best of my knowledge, the information supplied on this document is accurate and complete and is hereby released to HPES and the Alabama Medicaid Agency for the purpose of enrolling with Alabama Medicaid.

I hereby authorize, consent to, and request the release to the Alabama Medicaid Agency/HPES of any and all records concerning me, including, but not limited to, employment records, government records, and professional licensing records, and any other information requested by the Alabama Medicaid Agency/HPES for purposes of acting on my application to be an enrolled provider under the Alabama Medicaid program.

You will be submitting this enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand that your electronic signature is binding to the same extent as your written signature.

**I accept** ☑ I understand that my electronic signature is equivalent to written signature.

**Authorized Signature/Electronic Signature of Person Submitting Enrollment (Entering your name in the box to the right will constitute your electronic signature.)**

**Title**

**Submission Date**

**Instructions for Summary Page**

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.
Once you have reviewed the contents of this application, select 'Confirm' to submit the enrollment for processing.
Please print a copy of this summary for your records.

Print Preview | Confirm | Finish Later | Cancel


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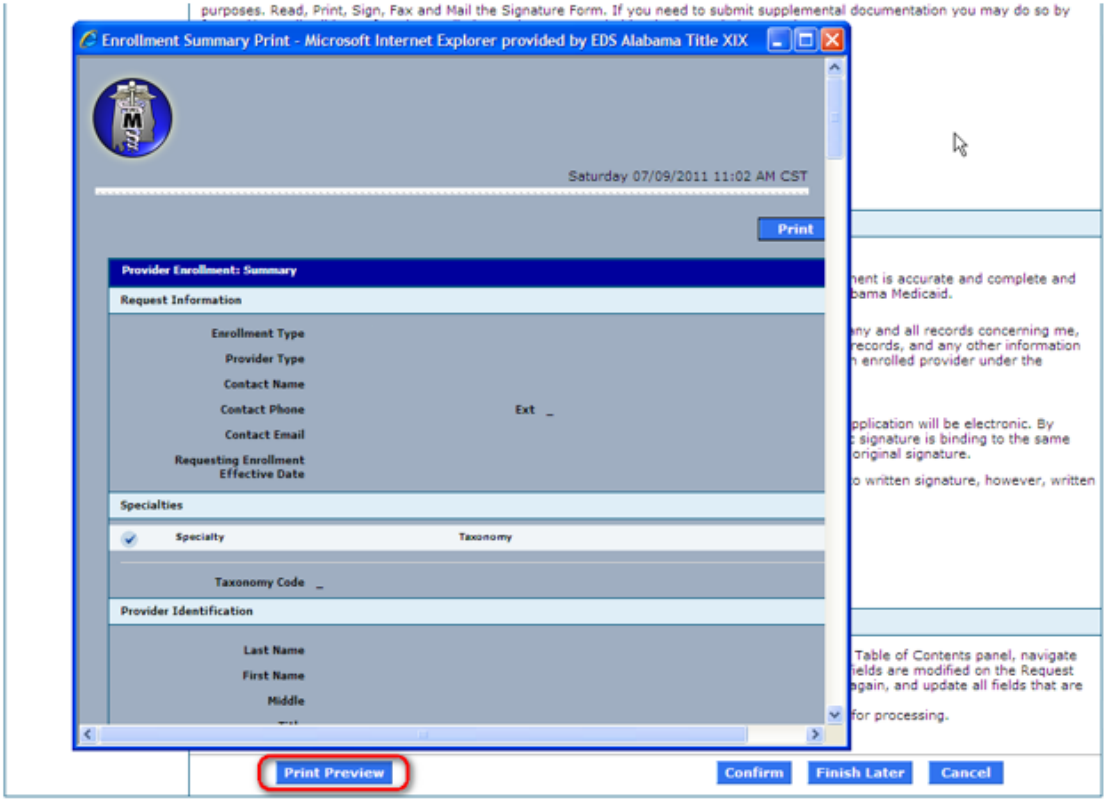
**Print Preview Layout**




## 6.12.3 Provider Enrollment: Summary Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Confirm | Allows the user to confirm the Provider Enrollment summary information is correct and submit it. | Button | N/A | 0 |
| Finish Later | Allows the user to save the enrollment application and finish it at a later date. | Button | N/A | 0 |
| Print | Allows the user to print the Provider Enrollment summary information that is displaying in a pop-up box. | Button | N/A | 0 |
| Print, Complete, Sign & Submit: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to EFT Form. | Hyperlink | N/A | 0 |
| Print Preview | Allows access to a pop-up box so the user can preview the Provider Enrollment summary information before it is printed. | Pop-up Box | N/A | 0 |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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Print, Sign & Submit: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to Signature Form. | Hyperlink | N/A | 0 |
| Read: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to page listing required attachments. | Hyperlink | N/A | 0 |
| Read & Print: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to Provider Agreement. | Hyperlink | N/A | 0 |

### 6.12.4 Provider Enrollment: Summary Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| This page contains no error codes. | | |

### 6.12.5 Provider Enrollment: Summary Page Extra Features

| Field | Field Type |
|---|---|
| Print Preview | Pop-up Box |
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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## 6.13 PROVIDER ENROLLMENT: ENROLLMENT CREDENTIALS

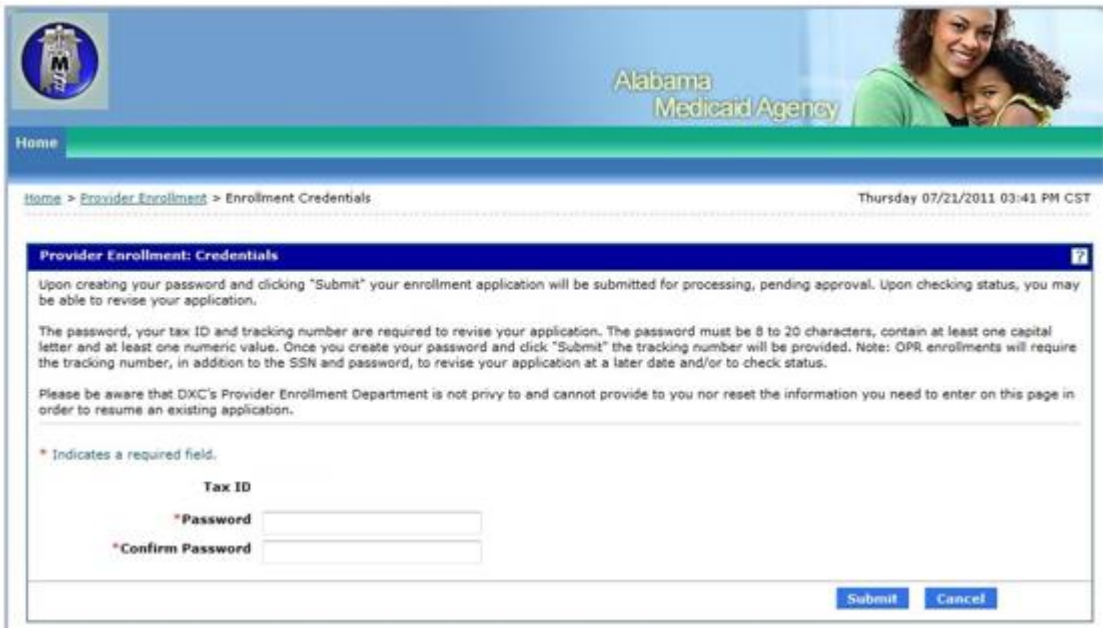
### 6.13.1 Provider Enrollment: Enrollment Credentials Page Narrative

The Provider Enrollment: Enrollment Credentials Page allows the provider to enter credential information such as tax ID and password. Once the provider enters the credential information and click Submit, a tracking number will be assigned. The tracking number, the provider's tax ID, and password will be used as the credentials to resume the enrollment application or track the status.

If the provider chooses to finish later, the enrollment application will be saved for 60 days. If the provider does not resume completing the enrollment application within the specified number of days, the application will be purged and the provider will need to start a new enrollment application.

### 6.13.2 Provider Enrollment: Enrollment Credentials Page Layout

**Credentials Page for OPR Enrollment:**




### 6.13.3 Provider Enrollment: Enrollment Credentials Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Confirm Password | Allows the user to confirm a password and submit application. | Field | Character | 20 |
| Password | Allows the user to enter a password and submit application. | Field | Character | 20 |
| Submit | Allows the user to submit the credential information and receive a tracking number. | Button | N/A | 0 |
| Tax ID | Displays the provider's Tax ID. | Displays | N/A | 0 |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### 6.13.4 Provider Enrollment: Enrollment Credentials Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Confirm Password | Confirm Password is a required field. | Enter a valid password. |
| | Your password must be 8 to 20 characters in length, not be the same as your user id and contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. | Enter required characters and length. |
| Password | Password is a required field. | Enter a valid password. |
| | Your password must be 8 to 20 characters in length, not be the same as your user id and contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. | Enter required characters and length. |

### 6.13.5 Provider Enrollment: Enrollment Credentials Page Extra Features

| Field | Field Type |
|---|---|
| None | |


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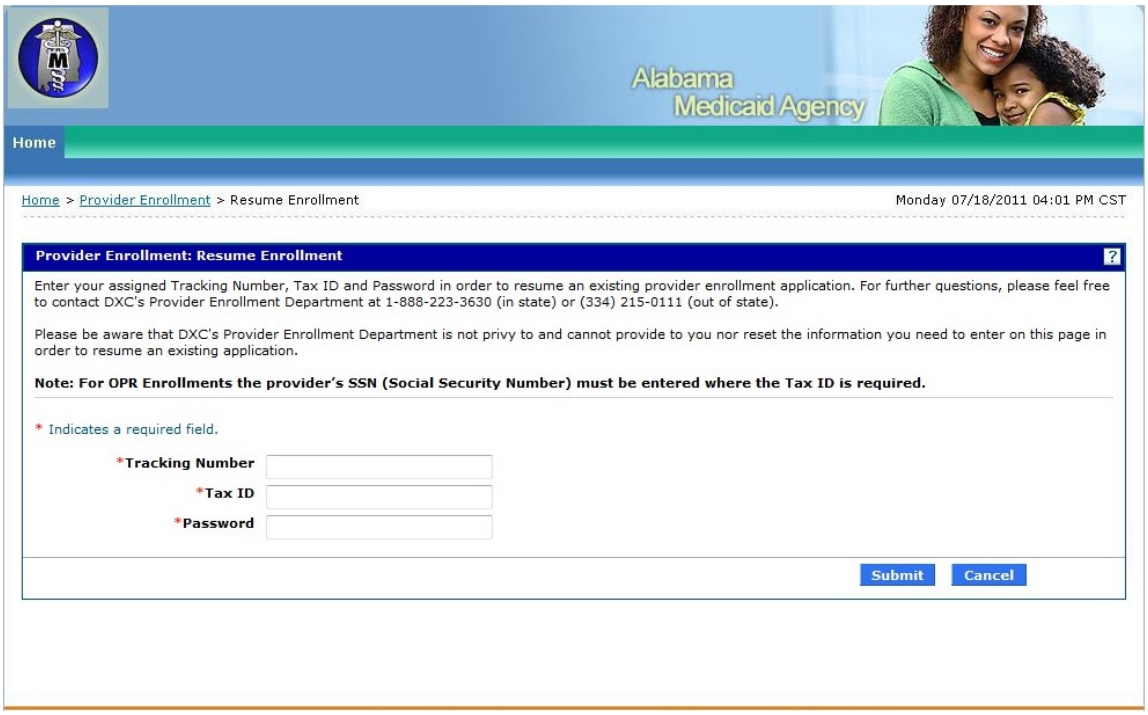
## 6.14 PROVIDER ENROLLMENT: RESUME ENROLLMENT

### 6.14.1 Provider Enrollment: Resume Enrollment Page Narrative

The Provider Enrollment: Resume Enrollment Page allows the provider to enter an assigned Tracking Number, Tax ID and Password in order to resume an existing provider enrollment application. For further questions, providers can contact the HPES' Provider Enrollment Department at 1-888-223-3630 (in state) or (334) 215-0111 (out of state). Please be aware that HPES' Provider Enrollment Department is not privy to and cannot provide nor reset the information needed to enter on this page in order to resume an existing application.

### 6.14.2 Provider Enrollment: Resume Enrollment Page Layout




### 6.14.3 Provider Enrollment: Resume Enrollment Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Password | Allows the user to enter a password in order to resume an existing application. | Field | Character | 20 |
| Submit | Allows the user to submit required information in order to resume an existing application. | Button | N/A | 0 |
| Tax ID | Allows the user to enter a tax ID in order to resume an existing application. | Field | Character | 10 |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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Tracking Number | Allows the user to enter a tracking number in order to resume an existing application. | Field | Character | 25 |

### 6.14.4 Provider Enrollment: Resume Enrollment Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Password | Password is a required field. | Enter a valid password. |
| | Your password must be 8 to 20 characters in length, not be the same as your user id and contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. | Enter required characters and length. |
| Tax ID | Tax ID is a required field. | Enter a valid tax ID number. |
| Tracking Number | Tracking Number is a required field. | Enter a valid tracking number. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |

### 6.14.5 Provider Enrollment: Resume Enrollment Page Extra Features

| Field | Field Type |
|---|---|
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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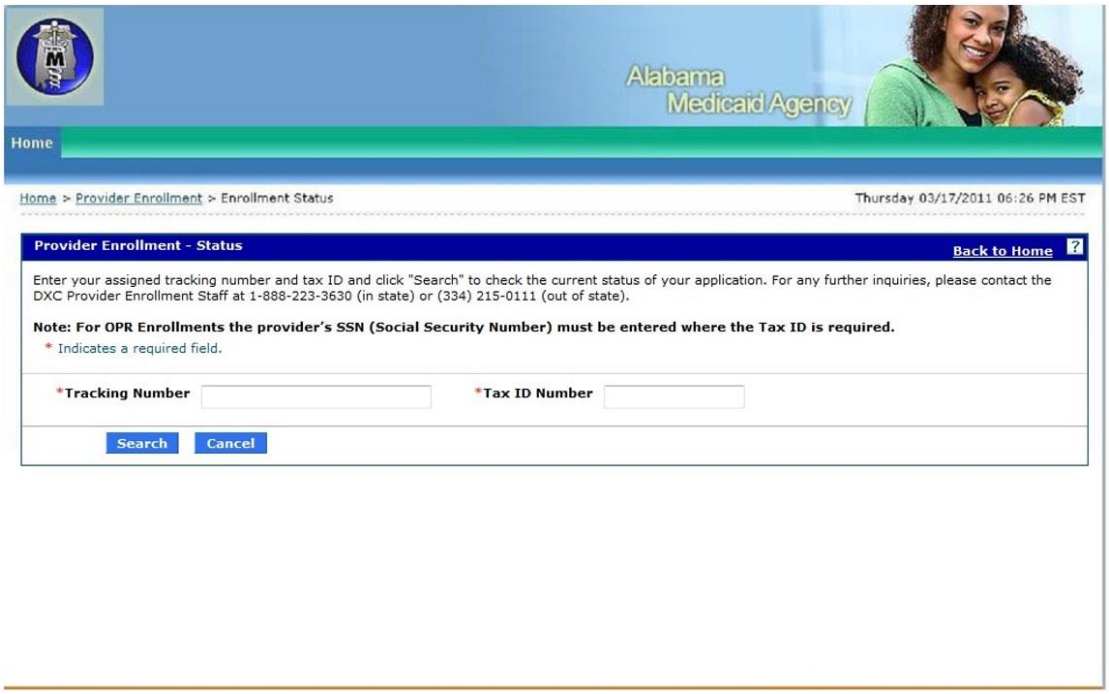
## 6.15 PROVIDER ENROLLMENT: ENROLLMENT STATUS

### 6.15.1 Provider Enrollment: Enrollment Status Page Narrative

The Provider Enrollment: Enrollment Status Page allows the provider to enter an assigned tracking number and tax ID and click "Search" to check the current status of an application. For any further inquiries, please contact the HPES Provider Enrollment Staff at 1-888-223-3630 (in state) or (334) 215-0111 (out of state).

### 6.15.2 Provider Enrollment: Enrollment Status Page Layout




### 6.15.3 Provider Enrollment: Enrollment Status Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Search | Button that allows the user to view their enrollment status. | Button | N/A | 0 |
| Tax ID Number | Allows the user to enter a tax ID in order to check the status of an existing application. | Field | Character | 10 |
| Tracking Number | Allows the user to enter a tracking number in order to check the status of an existing application. | Field | Character | 25 |

### 6.15.4 Provider Enrollment: Enrollment Status Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| Tax ID | Tax ID is a required field. | Enter a valid tax ID number. |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| Field | Error Message | To Correct |
|---|---|---|
| Tracking Number | Tracking Number is a required field. | Enter a valid tracking number. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |

### 6.15.5 Provider Enrollment: Enrollment Status Page Extra Features

| Field | Field Type |
|---|---|
| A hyperlink is provided to navigate users to the Alabama Medicaid Agency web site. | |


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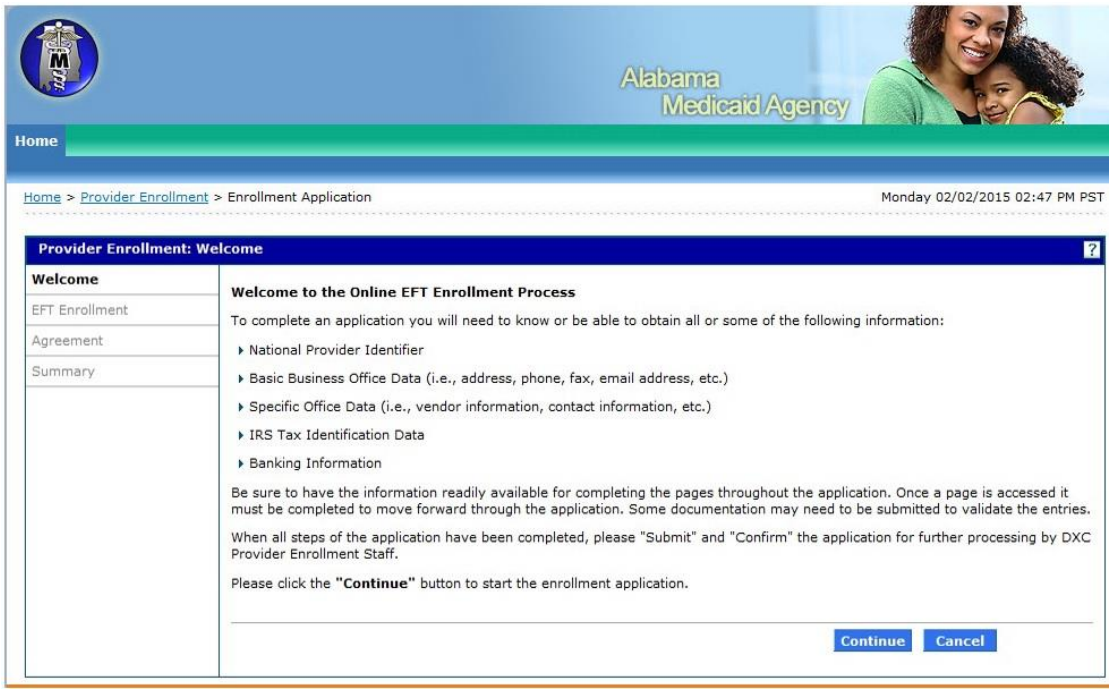
## 6.16 PROVIDER EFT ENROLLMENT: WELCOME

### 6.16.1 Provider EFT Enrollment: Welcome Page Narrative

EFT Enrollment allows providers and authorized delegates to enter all pertinent EFT enrollment information via a wizard. The enrollment wizard captures key provider data such as contact information, banking information, and demographics such as names, identifiers, and locations.

The EFT Enrollment wizard allows the provider to navigate through each page of EFT enrollment, from the banking information in the first page, to the final print and bar coded cover sheet on the last page. The provider can create a print file for future reference and bar coded cover sheet for submissions of supplemental documentation. A tracking number is also provided so that providers can check the status of their enrollment request.

### 6.16.2 Provider EFT Enrollment: Welcome Page Layout




### 6.16.3 Provider EFT Enrollment: Welcome Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider EFT Enrollment page. | Button | N/A | 0 |
| Continue | Button that allows the user to begin the EFT enrollment process. | Button | N/A | 0 |

### 6.16.4 Provider EFT Enrollment: Welcome Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| No field edits found for this panel. | | |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### 6.16.5 Provider EFT Enrollment: Welcome Page Extra Features

| Field | Field Type |
|---|---|
| N/A | |


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## 6.17 PROVIDER EFT ENROLLMENT: EFT ENROLLMENT

### 6.17.1 Provider EFT Enrollment: EFT Enrollment Page Narrative

The EFT Enrollment page allows the provider to enter the contact information, bank name, address, and account information. Electronic Funds Transfer (EFT) is required in order for funds to be deposited to a provider's account. When application is complete be sure to fax OR mail with cover sheet a copy of a voided check for verification purposes.


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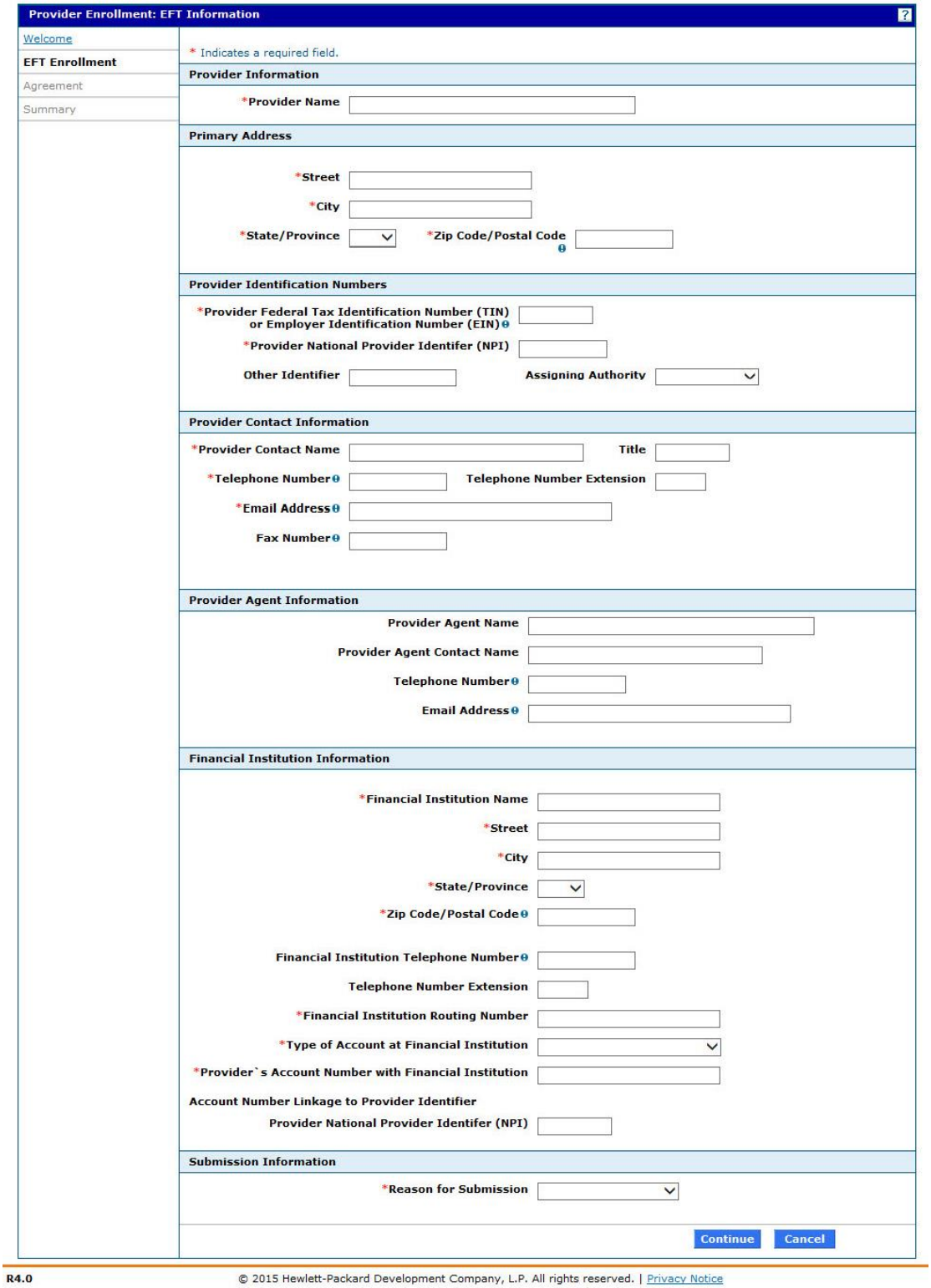
## 6.17.2 Provider EFT Enrollment: EFT Enrollment Page Layout




## 6.17.3 Provider EFT Enrollment: EFT Enrollment Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Assigning Authority | Allows the user to select assigning authority. | Combo Box | Drop down List Box | 0 |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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| City | Allows the user to enter provider name. | Field | Character | 30 |
| Contact Phone Ext | Allows the user to enter the telephone number extension of the contact. | Field | Number (Integer) | 4 |
| Continue | Button that allows the user to navigate to the next page of the enrollment process. | Button | N/A | 0 |
| Email Address | Allows the user to enter email address. | Field | Character | 50 |
| Fax Number | Allows the user to enter fax number. | Field | Number (Integer) | 10 |
| Financial Institution Name | Allows the user to enter financial institution name. | Field | Character | 39 |
| Financial Institution Routing Number | Allows the user to enter financial institution routing number. | Field | Number (Integer) | 9 |
| Financial Institution Telephone Number | Allows the user to enter financial institution telephone number. | Field | Number (Integer) | 10 |
| Other Identifier | Allows the user to enter other identifier. | Field | Character | 15 |
| Provider Agent Name | Allows the user to enter provider agent name. | Field | Character | 50 |
| Provider Agent Contact Name | Allows the user to enter provider agent contact name. | Field | Character | 50 |
| Provider Contact Name | Allows the user to enter provider contact name. | Field | Character | 50 |
| Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) | Allows the user to enter TIN/EIN. | Field | Number (Integer) | 9 |
| Provider Name | Allows the user to enter provider name. | Field | Character | 50 |


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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Provider National Provider Identifier (NPI) | Allows the user to enter NPI. | Field | Number (Integer) | 10 |
| Provider`s Account Number with Financial Institution | Allows the user to enter provider's account number with financial institution. | Field | Number (Integer) | 17 |
| Reason for Submission | Allows the user to select reason for submission. | Combo Box | Drop down List Box | 0 |
| State/Province | Allows the user to select state. | Combo Box | Drop down List Box | 0 |
| Street | Allows the user to enter street. | Field | Character | 30 |
| Telephone Number | Allows the user to enter telephone number. | Field | Number (Integer) | 10 |
| Telephone Number Extension | Allows the user to enter telephone number extension. | Field | Number (Integer) | 4 |
| Title | Allows the user to enter title. | Field | Character | 10 |
| Type of Account at Financial Institution | Allows the user to select type of account at financial institution. | Combo Box | Drop down List Box | 0 |
| Zip Code/Postal Code | Allows the user to enter zip code. | Field | Number (Integer) | 10 |

### 6.17.4 Provider EFT Enrollment: EFT Enrollment Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| City | City is a required field. | Enter a valid city. |
| Email Address | Email Address is a required field. | Enter a valid email address. |
| Financial Institution City | Financial Institution City is a required field. | Enter a valid financial institution city. |
| Financial Institution Name | Financial Institution Name is a required field. | Enter a valid financial institution name. |
| Financial Institution State | Financial Institution State is a required field. | Enter a valid financial institution state. |


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| Field | Error Message | To Correct |
|---|---|---|
| Financial Institution Zip Code | Financial Institution Zip Code is a required field. | Enter a valid financial institution zip code. |
| Provider Name | Provider Name is a required field. | Enter a valid provider name. |
| Provider Contact Name | Provider Contact Name is a required field. | Enter a valid provider contact name. |
| Provider National Provider Identifier (NPI) | Provider National Provider Identifier (NPI) contains invalid characters. | Enter a valid provider National Provider identifier (NPI) |
| Provider`s Account Number with Financial Institution | Provider`s Account Number with Financial Institution is a required field. | Enter a valid provider`s account number with financial institution. |
| | Provider`s Account Number with Financial Institution must be 9 character(s) in length. | Enter a valid provider`s account number with financial institution. |
| | Provider`s Account Number with Financial Institution is an invalid numeric value. | Enter a valid provider`s account number with financial institution. |
| | Provider`s Account Number with Financial Institution cannot be all the same digit. | Enter a valid provider`s account number with financial institution. |
| Reason for Submission | Reason for Submission is a required field. | Enter a valid Reason for Submission. |
| Street | Street is a required field. | Enter a valid street. |
| State/Province | State/Province is a required field. | Enter a valid state/province. |
| Type of Account at Financial Institution | Type of Account at Financial Institution is a required field. | Enter a valid type of account at financial institution. |
| Zip Code/Postal Code | Zip Code/Postal Code is a required field. | Enter a valid zip code/postal code. |

### 6.17.5 Provider EFT Enrollment: EFT Enrollment Page Extra Features

| Field | Field Type |
|---|---|
| N/A | |


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## 6.18 PROVIDER EFT ENROLLMENT: AGREEMENT

### 6.18.1 Provider EFT Enrollment: Agreement Page Narrative

The EFT Enrollment Agreement page allows the provider to view the Terms of Enrollment, Provider Agreement and Signature requirements. The provider must accept the terms, agreement and provide an electronic signature in order to submit the enrollment application. Failure to do so means that no enrollment application is retained or submitted. The provider must also access, print, sign, fax and mail with the bar-coded cover sheet, as well as other supplemental documentation. The Signature box must contain the signature of the individual applicant requesting enrollment OR the signature of an authorized representative of the facility/group requesting enrollment.

It is strongly advised that the provider access the Summary of Enrollment link to review all data that has been entered into the enrollment application. Changes can be made to the existing application by navigating back to the appropriate screen using the links in the table of contents. Upon making changes, the enrollment application can be reviewed again.

Once the application is submitted and confirmed, a tracking number will be assigned and a cover sheet can be printed for submission with all hard copy materials (fax and/or paper mailings) to the HPES Provider Enrollment office.


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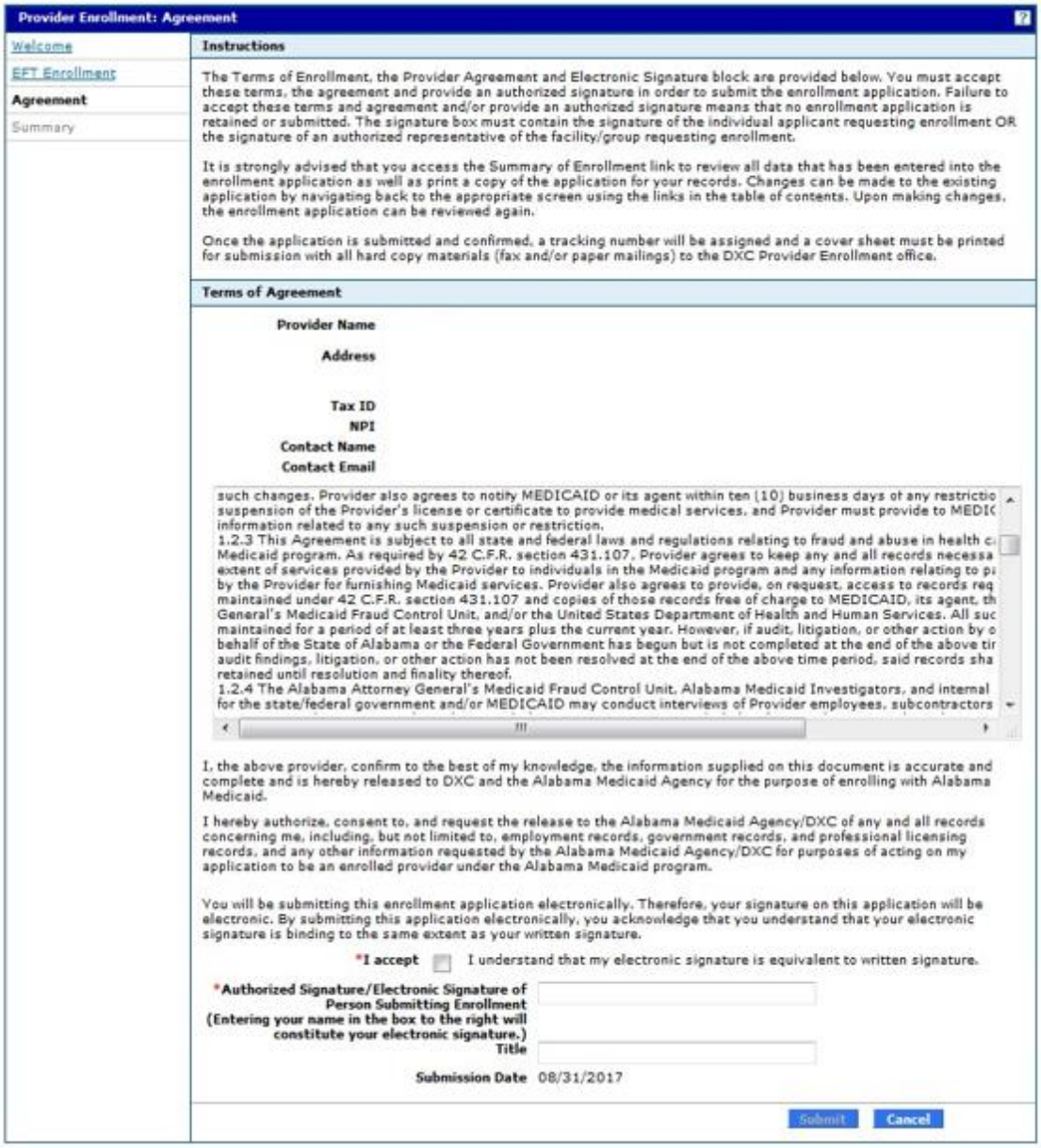
## 6.18.2 Provider EFT Enrollment: Agreement Page Layout





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### 6.18.3 Provider Enrollment: Agreement Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Authorized Signature/Electronic Signature of Person Submitting Enrollment | Allows the user to enter the name of the individual signing the agreement. | Field | Character | 50 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Contact Name | Displays the contact name of the provider enrollment contract for the provider. | Displays | N/A | 0 |
| Contact Email | Displays the contact email of the provider enrollment contract for the provider. | Displays | N/A | 0 |
| I accept | Allows the user to select the check box next to I accept. This box must have a check indicating the electronic signature is equivalent to the written signature. | Check Box | N/A | 0 |
| NPI | Displays the provider's NPI. | Displays | N/A | 0 |
| Provider name | Display Provider's name. | Displays | N/A | 0 |
| Submission Date | Displays the current date. | Displays | N/A | 0 |
| Submit | Allows the user to submit the application. | Button | N/A | 0 |
| Tax ID | Displays the provider's Tax ID, | Displays | N/A | 0 |
| Title | Allows the user to enter the title, if applicable, of the individual signing the agreement. | Field | Character | 50 |

### 6.18.4 Provider EFT Enrollment: Agreement Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| I Accept | I Accept is a required field. | Click the check box to show a check. |
| Title | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Your Signature | Authorized Signature/Electronic Signature of Person Submitting Enrollment is a required field. | Enter your name. |


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| Field | Error Message | To Correct |
|---|---|---|
| | | |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |

### 6.18.5 Provider EFT Enrollment: Agreement Page Extra Features

| Field | Field Type |
|---|---|
| N/A | |


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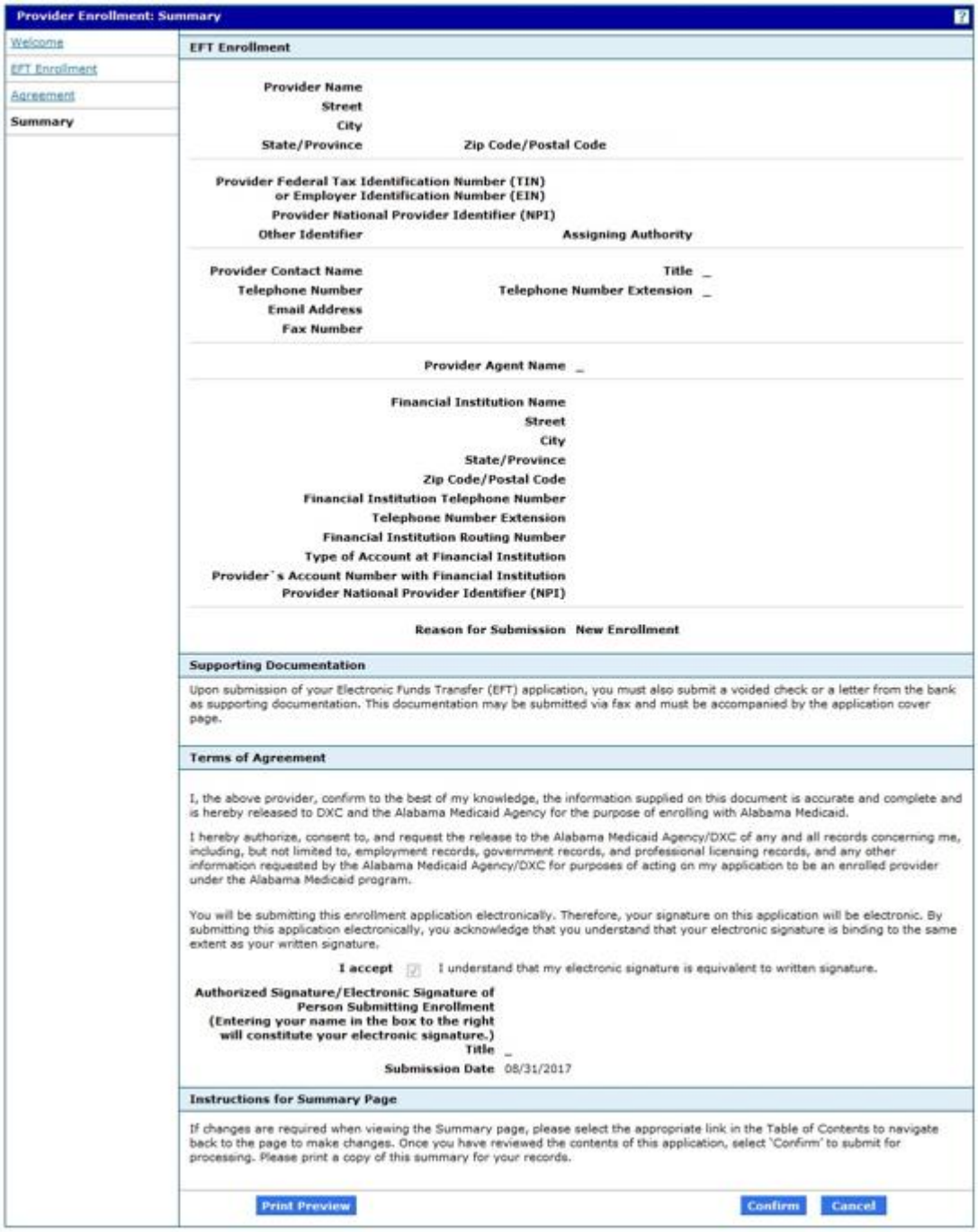
## 6.19 PROVIDER EFT ENROLLMENT: SUMMARY

### 6.19.1 Provider EFT Enrollment: Summary Page Narrative

The EFT Enrollment Summary Page allows the provider to review and make any revisions to previous pages, as needed. Providers are **strongly** encouraged to verify the information on the summary is correct. If the provider needs to make changes it can be done by selecting the appropriate page(s) in the table of contents. If all information is correct the provider is **strongly** encouraged to print a copy of the summary for your records. The provider must click '**Confirm'** for the application to be submitted for review.

### 6.19.2 Provider EFT Enrollment: Summary Page Layout





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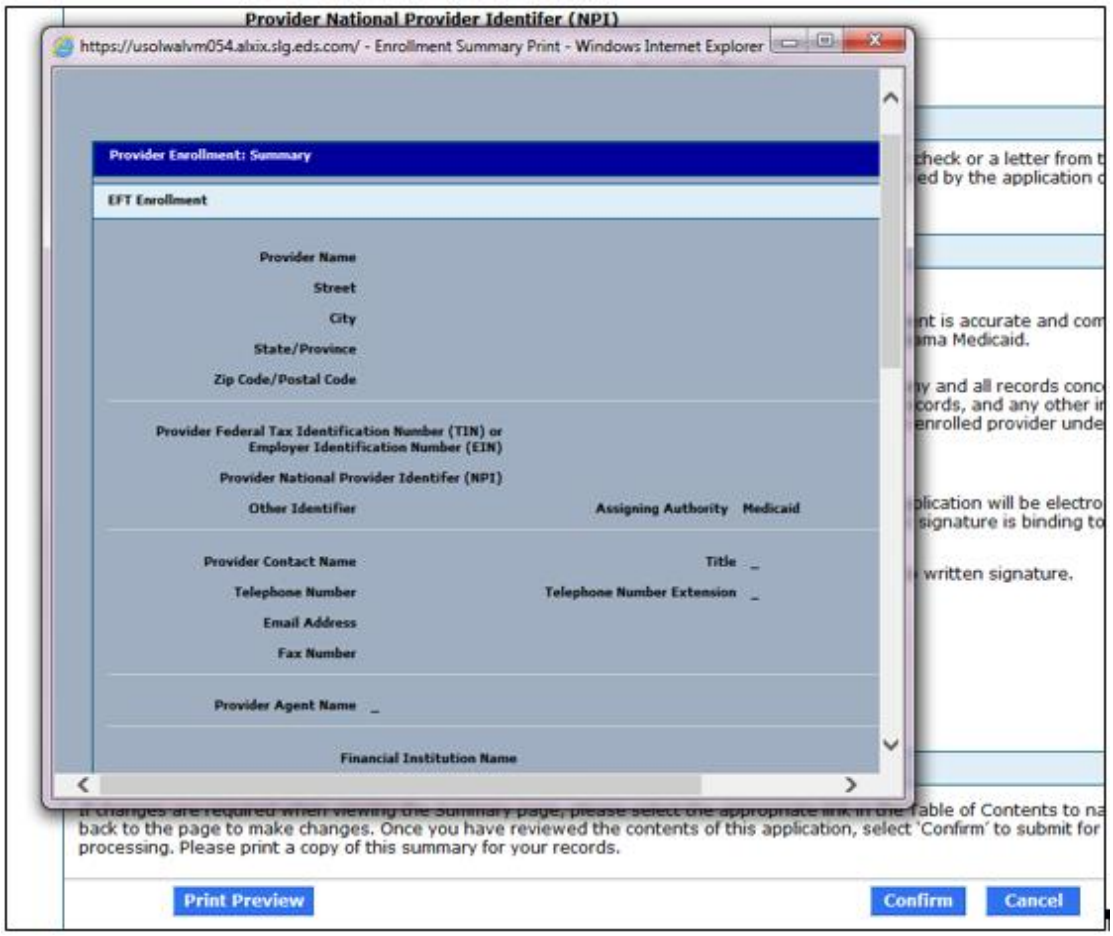
**Print Preview Layout**




## 6.19.3 Provider EFT Enrollment: Summary Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Confirm | Allows the user to confirm the Provider Enrollment summary information is correct and submit it. | Button | N/A | 0 |
| Print | Allows the user to print the Provider Enrollment summary information that is displaying in a pop-up box. | Button | N/A | 0 |
| Print Preview | Allows access to a pop-up box so the user can preview the Provider Enrollment summary information before it is printed. | Pop-up Box | N/A | 0 |
| Read: | Hyperlink to the Alabama Medicaid website's Provider Enrollment Forms page to find link to page listing required attachments. | Hyperlink | N/A | 0 |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### 6.19.4 Provider EFT Enrollment: Summary Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| This page contains no error codes. | | |

### 6.19.5 Provider EFT Enrollment: Summary Page Extra Features

| Field | Field Type |
|---|---|
| Print Preview | Pop-up Box |
| N/A | |


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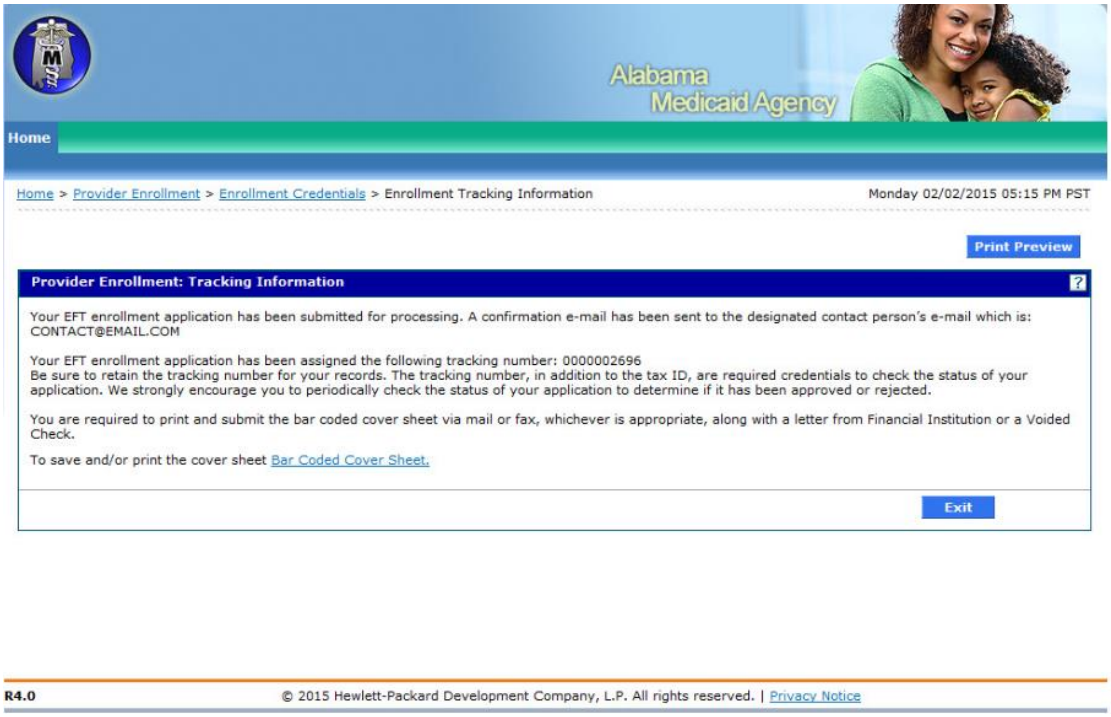
# 6.20 PROVIDER EFT ENROLLMENT: TRACKING INFORMATION

## 6.20.1 Provider EFT Enrollment: Tracking Information Page Narrative

Once the provider enters the credential information and clicks Submit, a tracking number will be assigned. This tracking number, as well as a link to the barcoded cover sheet, is provided on the EFT Tracking Information page. This tracking number, along with the tax ID, will be needed to check the status of the application.

## 6.20.2 Provider EFT Enrollment: Tracking Information Page Layout




## 6.20.3 Provider EFT Enrollment: Tracking Information Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Exit | Button that allows the user to exit the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Print Preview | Allows access to a pop-up box so the user can preview the Provider Enrollment summary information before it is printed. | Pop-up Box | N/A | 0 |

## 6.20.4 Provider EFT Enrollment: Tracking Information Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| This page contains no error codes. | | |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### 6.20.5 Provider EFT Enrollment: Tracking Information Page Extra Features

| Field | Field Type |
|---|---|
| Print Preview | Pop-up Box |
| N/A | |


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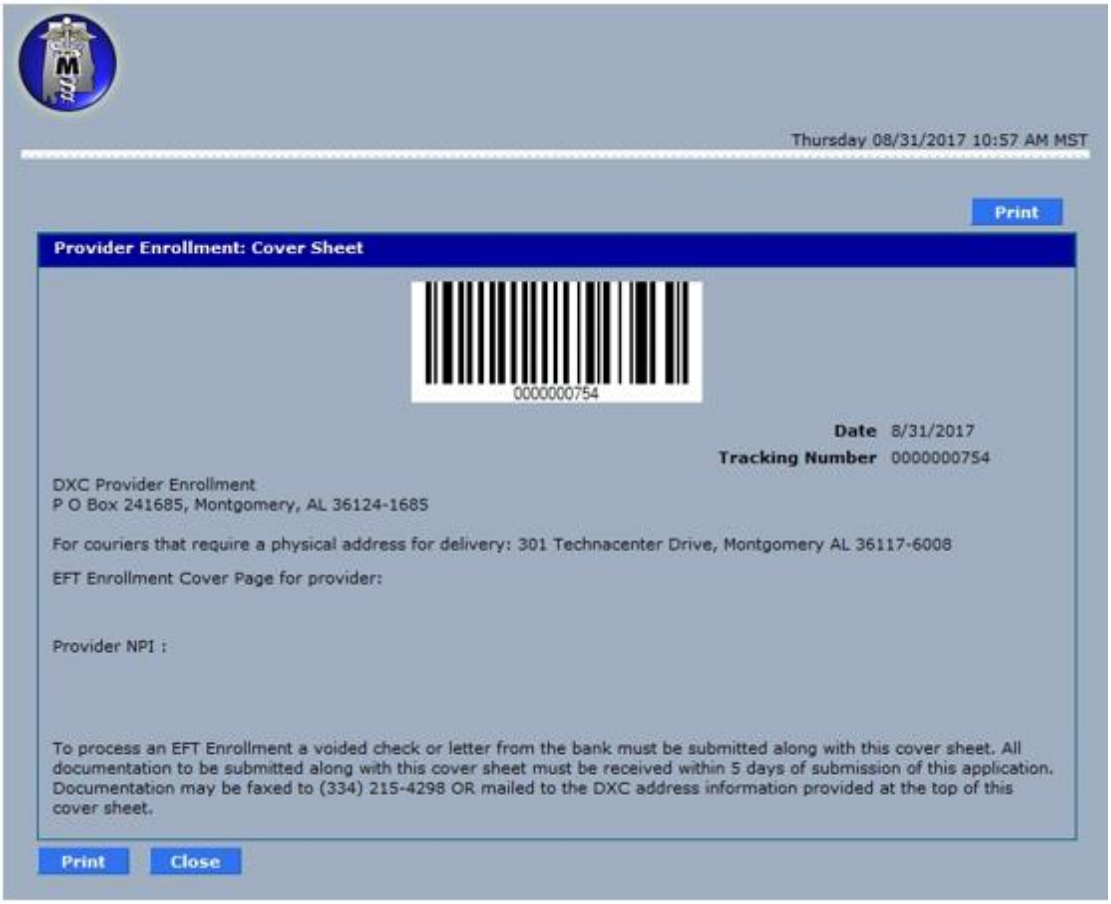
# 6.21 PROVIDER EFT ENROLLMENT: COVER PAGE

## 6.21.1 Provider EFT Enrollment: Cover Page Narrative

Provider Enrollment allows providers and authorized delegates to EFT enrollment information via a wizard. The enrollment wizard captures key EFT data such as contact information, banking information such as account number, account type, etc.

The Provider Enrollment wizard allows the provider to navigate through each page of EFT enrollment, from the welcome information in the first page, to the final print and bar coded cover sheet on the last page. The provider can create a print file for future reference and bar coded cover sheet for submissions of supplemental documentation. A tracking number is also provided so that providers can check the status of their enrollment request.

## 6.21.2 Provider EFT Enrollment: Cover Page Layout




## 6.21.3 Provider EFT Enrollment: Cover Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Close | Button that allows the user to close the pop-up. | Button | N/A | 0 |
| Print | Allows access to a print content of page. | Button | N/A | 0 |

## 6.21.4 Provider EFT Enrollment: Cover Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| This page contains no error codes. | | |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### 6.21.5 Provider EFT Enrollment: Cover Page Extra Features

| Field | Field Type |
|---|---|
| Print Preview | Pop-up Box |
| N/A | |


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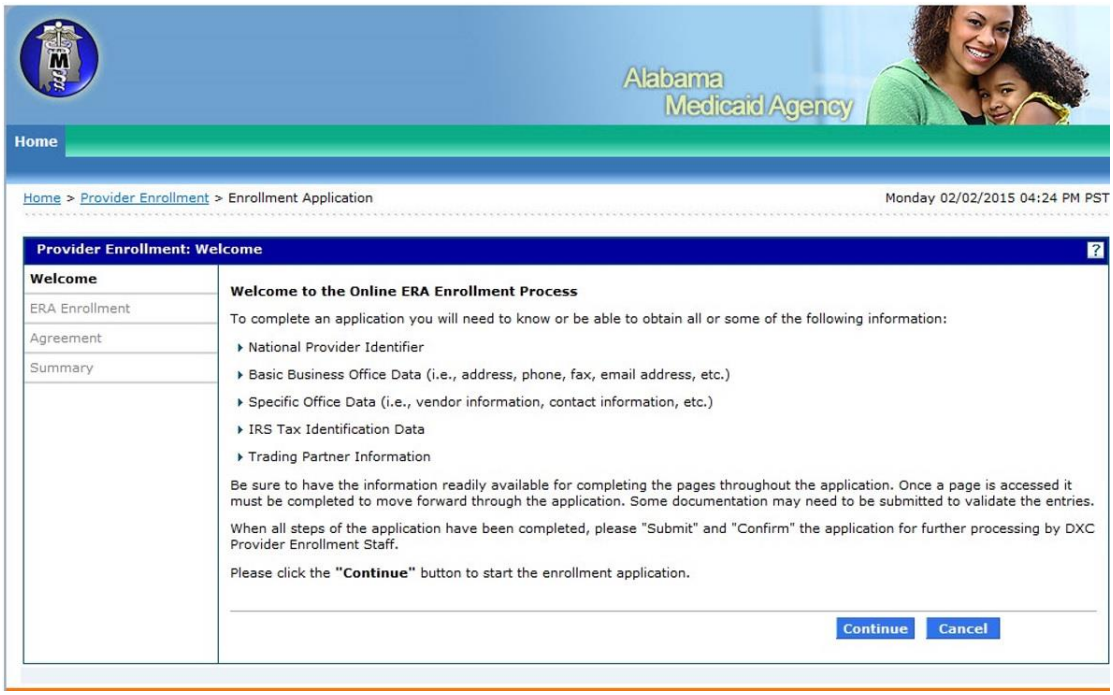
## 6.22 PROVIDER ERA ENROLLMENT: WELCOME

### 6.22.1 Provider ERA Enrollment: Welcome Page Narrative

Electronic Remittance Agreement (ERA) Enrollment allows providers and authorized delegates to enter all pertinent ERA enrollment information via a wizard. The enrollment wizard captures key provider data such as contact information, trading partner information, and demographics such as names, identifiers, and locations.

The ERA Enrollment wizard allows the provider to navigate through each page of ERA enrollment, from the trading partner information in the first page, to the final print on the last page. The provider can create a print file for future reference and bar coded cover sheet for submissions of supplemental documentation. A tracking number is also provided so that providers can check the status of their enrollment request.

### 6.22.2 Provider ERA Enrollment: Welcome Page Layout




### 6.22.3 Provider ERA Enrollment: Welcome Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider ERA Enrollment page. | Button | N/A | 0 |
| Continue | Button that allows the user to begin the ERA enrollment process. | Button | N/A | 0 |

### 6.22.4 Provider ERA Enrollment: Welcome Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| No field edits found for this panel. | | |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### 6.22.5 Provider ERA Enrollment: Welcome Page Extra Features

| Field | Field Type |
|---|---|
| N/A | |


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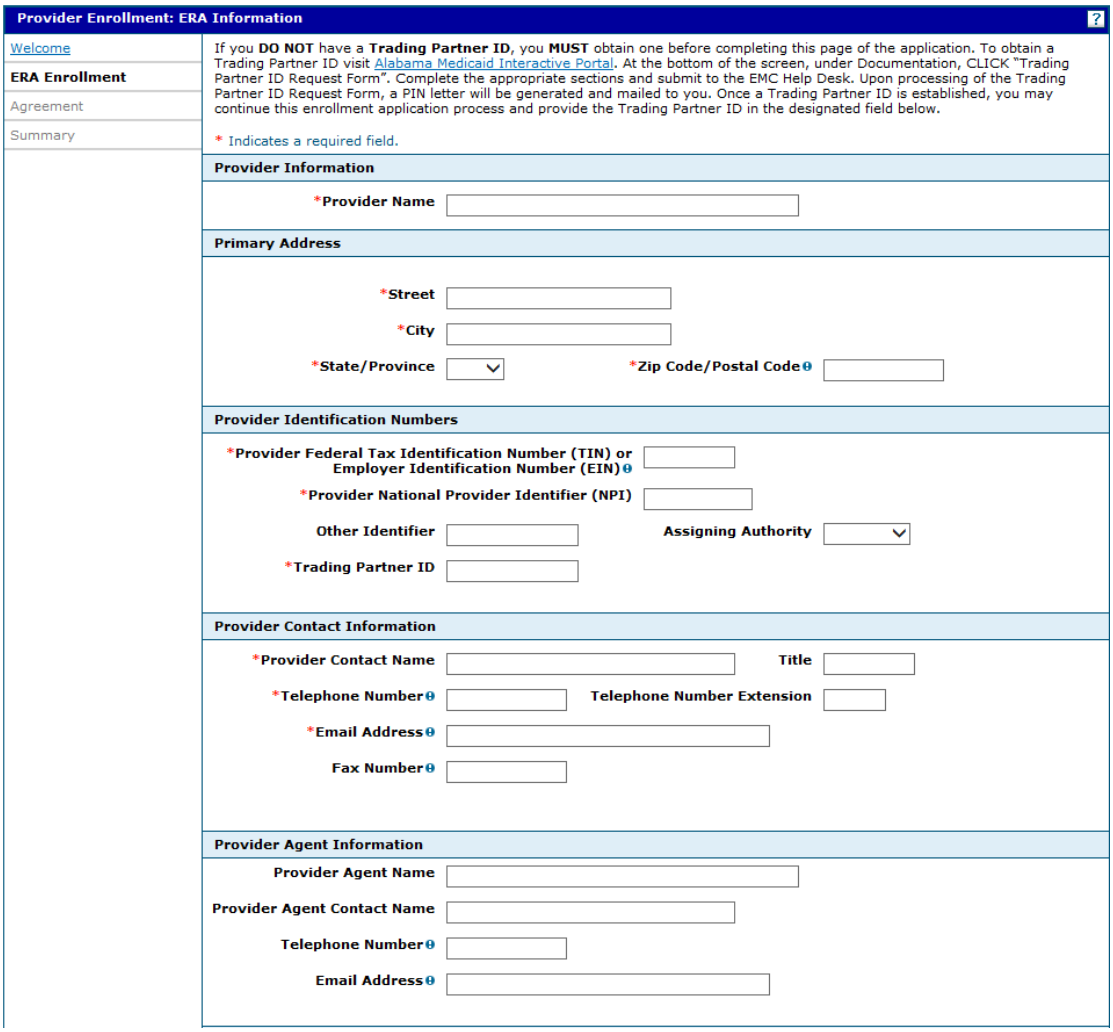
# 6.23 PROVIDER ERA ENROLLMENT: ERA ENROLLMENT

## 6.23.1 Provider ERA Enrollment: ERA Enrollment Page Narrative

The ERA Enrollment page allows the provider to enter contact information, trading partner ID, address, and clearinghouse/vendor information. ERA is required in order for providers to access an electronic claims detail file, specifically the 835 transaction.

## 6.23.2 Provider ERA Enrollment: ERA Enrollment Page Layout





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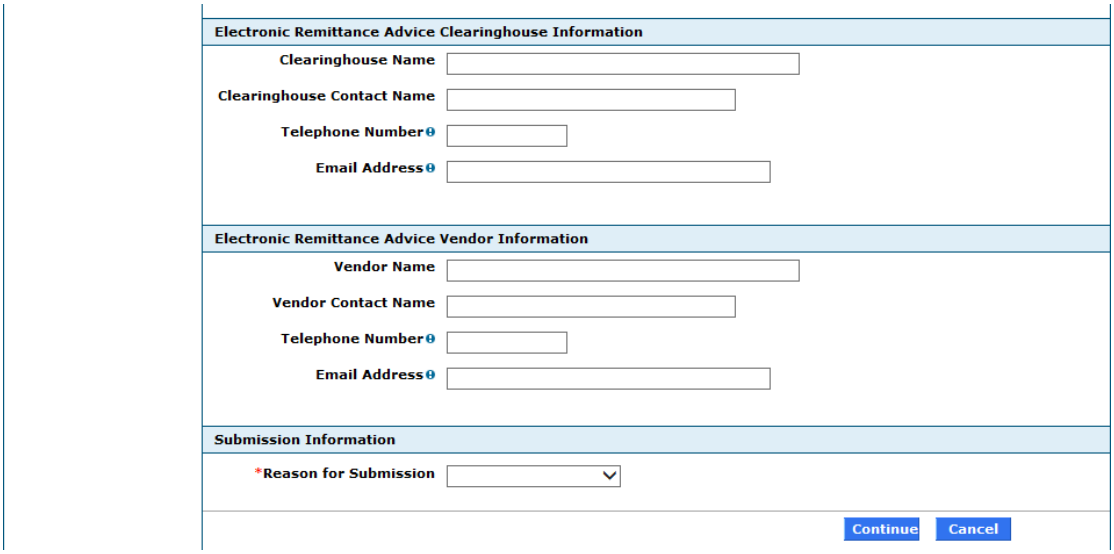


### 6.23.3 Provider ERA Enrollment: ERA Enrollment Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Assigning Authority | Allows the user to select assigning authority. | Combo Box | Drop down List Box | 0 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| City | Allows the user to enter provider name. | Field | Character | 30 |
| Clearinghouse Contact Name | Allows the user to enter clearinghouse contact name. | Field | Character | 50 |
| Clearinghouse Name | Allows the user to enter clearinghouse name. | Field | Character | 50 |
| Continue | Button that allows the user to navigate to the next page of the enrollment process. | Button | N/A | 0 |
| Email Address | Allows the user to enter email address. | Field | Character | 50 |
| Fax Number | Allows the user to enter fax number. | Field | Number (Integer) | 10 |
| Other Identifier | Allows the user to enter other identifier. | Field | Character | 15 |
| Provider Agent Name | Allows the user to enter provider agent name. | Field | Character | 50 |
| Provider Agent Contact Name | Allows the user to enter provider agent contact name. | Field | Character | 50 |
| Provider Contact Name | Allows the user to enter provider contact name. | Field | Character | 50 |


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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) | Allows the user to enter TIN/EIN. | Field | Number (Integer) | 9 |
| Provider Name | Allows the user to enter provider name. | Field | Character | 50 |
| Provider National Provider Identifier (NPI) | Allows the user to enter NPI. | Field | Number (Integer) | 10 |
| Reason for Submission | Allows the user to select reason for submission. | Combo Box | Drop down List Box | 0 |
| State/Province | Allows the user to select state. | Combo Box | Drop down List Box | 0 |
| Street | Allows the user to enter street. | Field | Character | 30 |
| Telephone Number | Allows the user to enter telephone number. | Field | Number (Integer) | 10 |
| Telephone Number Extension | Allows the user to enter telephone number extension. | Field | Number (Integer) | 4 |
| Title | Allows the user to enter title of the provider contact. | Field | Character | 10 |
| Trading Partner ID | Allows the user to enter trading partner id. | Field | Character | 35 |
| Vendor Contact Name | Allows the user to enter vendor contact name. | Field | Character | 50 |
| Vendor Name | Allows the user to enter vendor name. | Field | Character | 50 |
| Zip Code/Postal Code | Allows the user to enter zip code. | Field | Number (Integer) | 10 |

### 6.23.4 Provider ERA Enrollment: ERA Enrollment Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| City | City is a required field. | Enter a valid city. |
| Email Address | Email Address is a required field. | Enter a valid email address. |


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| Field | Error Message | To Correct |
|---|---|---|
| Provider Name | Provider Name is a required field. | Enter a valid provider name. |
| Provider Contact Name | Provider Contact Name is a required field. | Enter a valid provider contact name. |
| Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) | Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) is a required field. | Enter a valid Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN). |
| Provider National Provider Identifier (NPI) | Provider National Provider Identifier (NPI) contains invalid characters. | Enter a valid provider National Provider identifier (NPI). |
| Reason for Submission | Reason for Submission is a required field. | Enter a valid Reason for Submission. |
| Street | Street is a required field. | Enter a valid street. |
| State/Province | State/Province is a required field. | Enter a valid state/province. |
| Telephone Number | Telephone Number is a required field. | Enter a valid Telephone Number. |
| Trading Partner ID | Trading Partner ID is a required field. | Enter a valid Trading Partner ID. |
| Zip Code/Postal Code | Zip Code/Postal Code is a required field. | Enter a valid zip code/postal code. |

### 6.23.5 Provider ERA Enrollment: ERA Enrollment Page Extra Features

| Field | Field Type |
|---|---|
| N/A | |


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## 6.24 PROVIDER ERA ENROLLMENT: AGREEMENT

### 6.24.1 Provider ERA Enrollment: Agreement Page Narrative

The ERA Enrollment Agreement page allows the provider to view the Terms of Enrollment, Provider Agreement and Signature requirements. The provider must accept the terms, agreement and provide an electronic signature in order to submit the enrollment application. Failure to do so means that no enrollment application is retained or submitted. The provider must also access, print, sign, fax and mail with the bar-coded cover sheet, as well as other supplemental documentation. The Signature box must contain the signature of the individual applicant requesting enrollment OR the signature of an authorized representative of the facility/group requesting enrollment.

It is strongly advised that the provider access the Summary of Enrollment link to review all data that has been entered into the enrollment application. Changes can be made to the existing application by navigating back to the appropriate screen using the links in the table of contents. Upon making changes, the enrollment application can be reviewed again.

Once the application is submitted and confirmed, a tracking number will be assigned.


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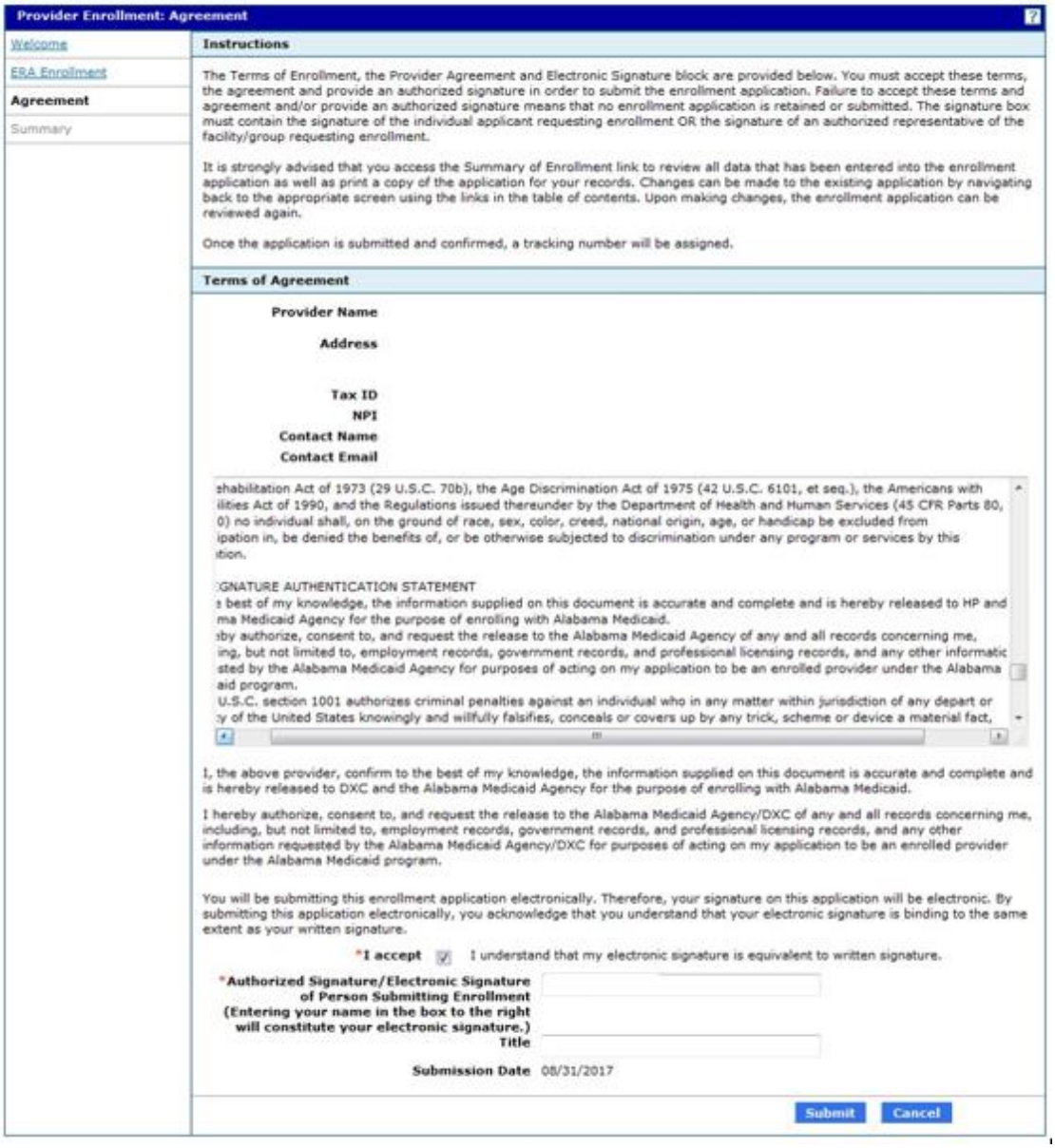
### 6.24.2 Provider ERA Enrollment: Agreement Page Layout




### 6.24.3 Provider Enrollment: Agreement Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Authorized Signature/Electronic Signature of Person Submitting Enrollment | Allows the user to enter the name of the individual signing the agreement. | Field | Character | 50 |
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Contact Name | Displays the contact name of the provider enrollment contract for the provider. | Displays | N/A | 0 |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| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Contact Email | Displays the contact email of the provider enrollment contract for the provider. | Displays | N/A | 0 |
| I accept | Allows the user to select the check box next to 'I accept'. This box must have a check indicating the electronic signature is equivalent to the written signature. | Check Box | N/A | 0 |
| NPI | Displays the provider's National Provider Identifier. | Displays | N/A | 0 |
| Provider Name | Display Provider's name. | Displays | N/A | 0 |
| Submission Date | Displays the current date. | Displays | N/A | 0 |
| Submit | Allows the user to submit the application. | Button | N/A | 0 |
| Tax ID | Displays the provider's Tax ID, | Displays | N/A | 0 |
| Title | Allows the user to enter the title, if applicable, of the individual signing the agreement. | Field | Character | 50 |

### 6.24.4 Provider ERA Enrollment: Agreement Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| I Accept | I Accept is a required field. | Click the check box to show a check. |
| Title | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |
| Your Signature | Authorized Signature/Electronic Signature of Person Submitting Enrollment is a required field. | Enter your name. |
| | The text field contains invalid characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,()-+:;_. | Enter acceptable characters. |

### 6.24.5 Provider ERA Enrollment: Agreement Page Extra Features

| Field | Field Type |
|---|---|
| N/A | |


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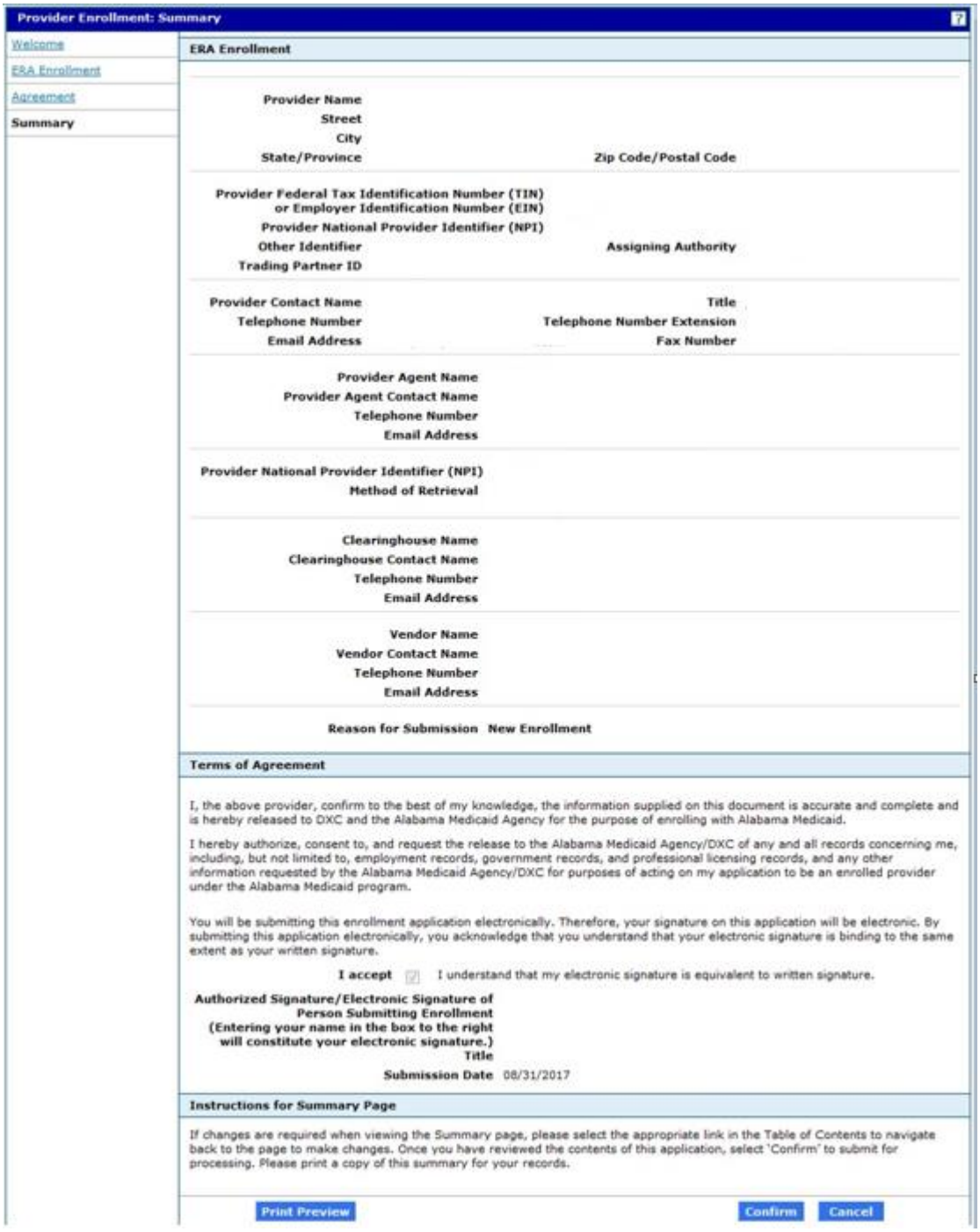
## 6.25 PROVIDER ERA ENROLLMENT: SUMMARY

### 6.25.1 Provider ERA Enrollment: Summary Page Narrative

The ERA Enrollment Summary Page allows the provider to review and make any revisions to previous pages as needed. The provider is **strongly** encouraged to verify if the information on the summary is correct. If the provider needs to make changes it can be done by selecting the appropriate page(s) in the table of contents. If all information is correct the provider is **strongly** encouraged to print a copy of the summary for your records. The provider must click '**Confirm'** for the application to be submitted for review.

### 6.25.2 Provider ERA Enrollment: Summary Page Layout





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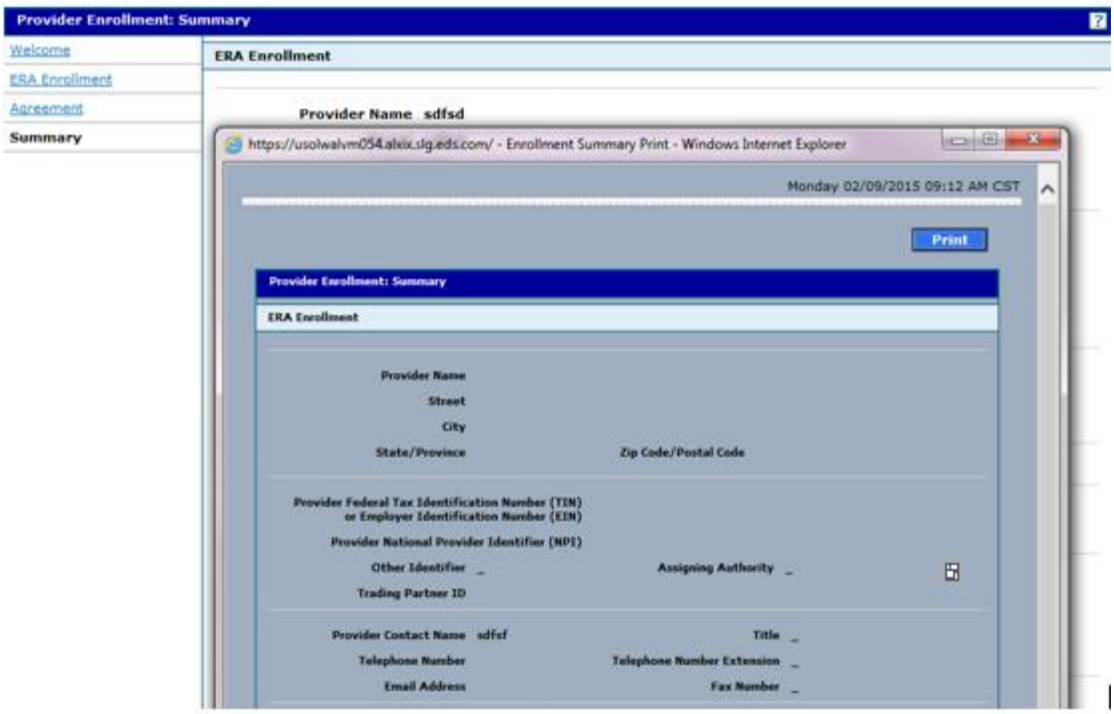
**Print Preview Layout**




## 6.25.3 Provider ERA Enrollment: Summary Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Cancel | Button that allows the user to cancel the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Confirm | Allows the user to confirm the Provider Enrollment summary information is correct and submit it. | Button | N/A | 0 |
| Print | Allows the user to print the Provider Enrollment summary information that is displaying in a pop-up box. | Button | N/A | 0 |
| Print Preview | Allows access to a pop-up box so the user can preview the Provider Enrollment summary information before it is printed. | Pop-up Box | N/A | 0 |
| | | | | |

## 6.25.4 Provider ERA Enrollment: Summary Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| This page contains no error codes. | | |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### 6.25.5 Provider ERA Enrollment: Summary Page Extra Features

| Field | Field Type |
|---|---|
| Print Preview | Pop-up Box |
| N/A | |


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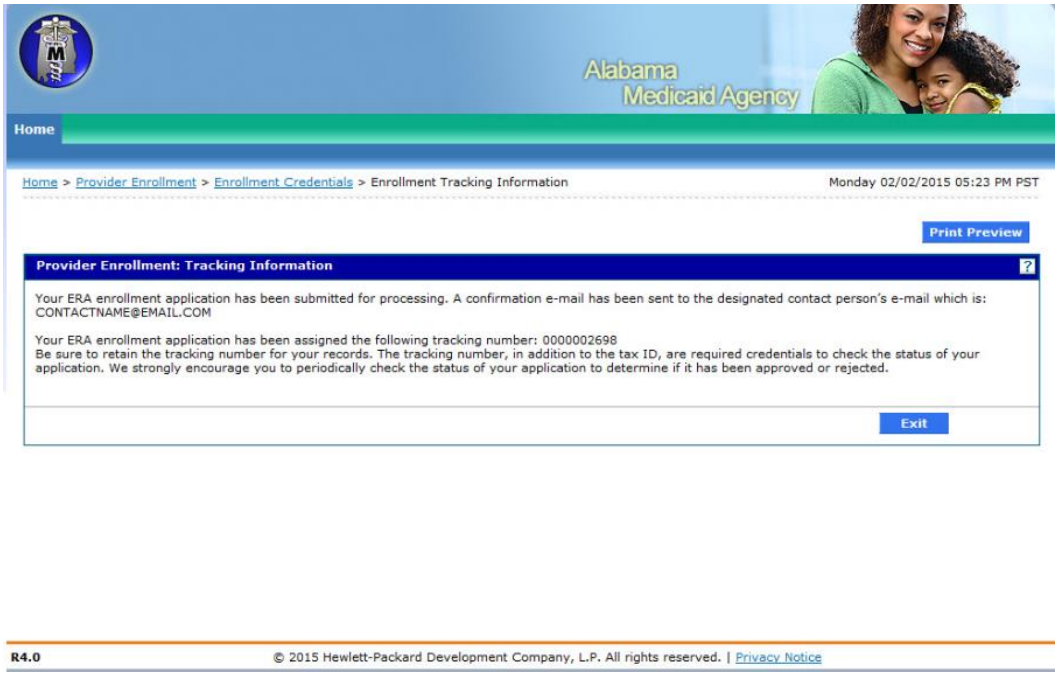
# 6.26 PROVIDER ERA ENROLLMENT: TRACKING INFORMATION

## 6.26.1 Provider ERA Enrollment: Tracking Information Page Narrative

Once the provider enters the credential information and clicks Submit, a tracking number will be assigned. This tracking number is provided on the ERA Tracking Information page. This tracking number, along with the tax ID, will be needed to check the status of the application.

## 6.26.2 Provider ERA Enrollment: Tracking Information Page Layout




## 6.26.3 Provider ERA Enrollment: Tracking Information Page Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|---|---|---|---|---|
| Exit | Button that allows the user to exit the process and return to the Provider Enrollment page. | Button | N/A | 0 |
| Print Preview | Allows access to a pop-up box so the user can preview the Provider Enrollment summary information before it is printed. | Pop-up Box | N/A | 0 |

## 6.26.4 Provider ERA Enrollment: Tracking Information Page Field Edit Error Codes

| Field | Error Message | To Correct |
|---|---|---|
| This page contains no error codes. | | |

## 6.26.5 Provider ERA Enrollment: Tracking Information Page Extra Features

| Field | Field Type |
|---|---|
| Print Preview | Pop-up Box |
| N/A | |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# 7 HELP

Each page of the enrollment application has a help icon located in the upper right hand corner of the page. Help text will display when the user clicks on the icon.

Provider Enrollment is available to answer questions concerning the provider enrollment process and Provider enrollment web portal.

**NOTE**

Passwords cannot be reset or retrieved by HPES staff.

| Phone | Mail |
|---|---|
| 1(334) 215-0111<br><br>1(888) 223-3630<br><br>Fax - TBD | HPES<br>Provider Enrollment<br>301 Technacenter Drive<br>Montgomery, Al 36117<br>or<br>P.O. Box 241685<br>Montgomery, AL 31624 |


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